

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K04535

**FILED  
Mar 05, 2015  
Secretary of State  
CC7503739667**

**Entity Name:** AKB MANAGEMENT COMPANY

**Current Principal Place of Business:**

2655 S. LEJEUNE ROAD  
SUITE 314  
CORAL GABLES, FL 33134

**Current Mailing Address:**

615 ALEDO AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0029011

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLAIRE, BONNIE  
2655 S. LEJEUNE ROAD  
SUITE 314  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BLAIRE, BONNIE  
Address 2655 S. LEJEUNE ROAD STE 314  
City-State-Zip: CORAL GABLES FL 33134

Title VP/D  
Name BLAIRE, ADAM  
Address 2655 S. LEJEUNE ROAD STE 314  
City-State-Zip: CORAL GABLES FL 33134

Title VP/D  
Name BLAIRE, KAREN  
Address 2655 S. LEJEUNE ROAD STE 314  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONNIE BLAIRE

**PRESIDENT**

**03/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date