2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2004
Secretary of State

DOCUMENT# G41526

Entity Name: ILKU, INC.

Current Principal Place of Business:

500 BAYVIEW DRIVE
APARTMENT 322
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

2552 KNOTTY PINE WAY
CLEARWATER, FL 346213908

New Mailing Address:

2552 KNOTTY PINE WAY
CLEARWATER, FL 337613908

FEI Number: 59-3403289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADOWSKY, DAVID S ESQUIRE
2552 KNOTTY PINE WAY
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	DORFZAUN, KURT	
Address:	2552 KNOTTY PINE WAY	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VS	( ) Delete
Name:	DORFZAUN, ILSE HEID DE	
Address:	2552 KNOTTY PINE WAY	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	DORFZAUN DE FINKELST, JANET	
Address:	2552 KNOTTY PINE WAY/% BARBARA DORFZAUN DE	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	DORFZAUN, ALBERTO	
Address:	2552 KNOTTY PINE WAY/% BARBARA DORFZAUN DE	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	DORFZAUN DE SADOWSKY, BARBARA	
Address:	2552 KNOTTY PINE WAY	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	DORFZAUN, ERNESTO	
Address:	2552 KNOTTY PINE WAY/%BARBARA DORFZAUN DE	
City-St-Zip:	CLEARWATER, FL 33761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA DORFZAUN DE SADOWSKY D 04/04/2004

Electronic Signature of Signing Officer or Director Date