2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATU

Secretary of State 03-10-2005 90150 040 ***150.00 DOCUMENT # P98000090031 1. Entity Name SOYKA, INC. Mailing Address Principal Place of Business 40030361 5556 N.E. 4 COURT 5556 NE 4TH CT. MIAMI, FL 33137 MIAMI, FL 33137 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3543021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPOTE, BEATRIZ M DO NOT WRITE 799 BRICKELL AVE STE 700 IN THIS SPACE MIAMI, FL 33131 8. 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVTS** TITLE SOYKA, MARK NAME 5556 NE 4 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repaire for trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an a

FILED Mar 10, 2005 8:00 am