

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**


3/5

03-05-2007 90039 006 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P98000090031**

1. Entity Name  
 SOYKA, INC.



Principal Place of Business  
 5556 N.E. 4 COURT  
 MIAMI, FL 33137

Mailing Address  
 5556 NE 4TH CT.  
 MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**



1172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3543021

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M  
 799 BRICKELL AVE  
 STE 700  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVTS SOYKA, MARK 5556 NE 4 CT MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered 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 attachment to this address, with a trustee empowered.

SIGNATURE: Mark Soyka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR