

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000004881

FILED
Oct 21, 2005
Secretary of State

Entity Name: SIELIK ENTERPRISES, CORPORATION

Current Principal Place of Business:

3395 SOUTH JONES BLVD 5
LAS VEGAS, NV 89146

New Principal Place of Business:

20401 NW 2ND AVENUE
SUITE 224
MIAMI, FL 33169

Current Mailing Address:

3395 SOUTH JONES BLVD 5
LAS VEGAS, NV 89146

New Mailing Address:

20401 NW 2ND AVENUE
SUITE 224
MIAMI, FL 33169

FEI Number: 88-0499500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVOURY, DELLA
21221 NW 29 AVE.
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

ANDERSON, MIKLER
20401 NW 2ND AVENUE
SUITE 224
MIAMI, FL 33169 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: MIKLER ANDERSON

10/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MAYO, DELLA S
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

Title: VSTD () Delete
Name: SAVOURY, D
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

Title: V () Delete
Name: SAVOURY-ANDERSON, M.
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

Title: D () Delete
Name: MORGAN, S. L
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

Title: D () Delete
Name: MAYO, M. C
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN, KEVIN S
Address: 20401 NW 2ND AVENUE, SUITE 224
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change () Addition
Name: ANDERSON, MIKLER
Address: 20401 NW 2ND AVENUE, SUITE 224
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change () Addition
Name: ANDERSON, M.
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL

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: MIKLER ANDERSON

VP

10/21/2005

Electronic Signature of Signing Officer or Director

Date