

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004881

FILED
Jul 14, 2008
Secretary of State

Entity Name: SIELIK ENTERPRISES, CORPORATION

Current Principal Place of Business:

20401 NW 2ND AVENUE
SUITE 311
MIAMI, FL 33169

New Principal Place of Business:

99 NORTHWEST 2ND AVE
SUITE 239H
MIAMI, FL 33169

Current Mailing Address:

P O BOX 170032
MIAMI, FL 33017

New Mailing Address:

FEI Number: 88-0499500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVOURY, MIKLER
20401 NW 2 AVE
SUITE 311
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ANDERSON, MIKLER
20401 NW 2 AVE
SUITE 311
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: MSAVOURY

07/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, KEVIN
Address: 20401 NW 2ND AVENUE, SUITE 311
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: SAVOURY, M
Address: P O BOX 170032
City-St-Zip: MIAMI, FL 33017

Title: S () Delete
Name: MORGAN, S L
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL 33017

Title: D () Delete
Name: MAYO, M C
Address: PO BOX 170032
City-St-Zip: MIAMI LAKES, FL 33017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN, KEVIN
Address: P O BOX 170032
City-St-Zip: MIAMI, FL 33017

Title: VP (X) Change () Addition
Name: ANDERSON, M
Address: P O BOX 170032
City-St-Zip: MIAMI, FL 33017

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

Title: D (X) Change () Addition
Name: SAVOURY, D
Address: PO BOX 170032
City-St-Zip: MIAMI, FL 33017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: M ANDERSON

VP

07/14/2008

Electronic Signature of Signing Officer or Director

Date