


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name	F02000006055 CALYKA TECHNOLOGIES & MANAGEMENT INC.	
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FILED
03 NOV 10 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4141 SHERBROOKE WEST Suite, Apt. #, etc. SUITE 550		3. Mailing Address 9409 SAYRE STREET Suite, Apt. #, etc.	
City & State MONTREAL, QC		City & State RIVERVIEW, FL	
Zip H3Z 1B9	Country CANADA	Zip 33569	Country USA

DO NOT WRITE IN THIS SPACE

REINSTALLMENT

Applied For	<input checked="" type="checkbox"/>
Not Applicable	<input type="checkbox"/>

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name SYLVAIN TETREAU	
	Street Address (P.O. Box Number is Not Acceptable) 9409 SAYRE STREET	
	City RIVERVIEW	Zip Code FL 33569

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 Sylvain Tetreault DATE October 28, 2003

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SYLVAIN TETREAU 9409 SAYRE STREET RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvain Tetreault DATE October 28, 2003 813-672-9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

TR

CALYKA Technologies & Management Inc.

**4141, Sherbrooke W. , Suite 550
Montréal, Qc, Canada H3Z 1B9**

October 28th, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As I mentioned to Justin, I never received the document for the 2003 corporation annual report for Calyka Technologies & Management Inc.

Following Justin's instructions, I am sending you the Application for Reinstatement Form signed with a check of \$150 for the corporation annual report fee.

The new address for Calyka Technologies & Management Inc. is:

**4141, Sherbrooke W. , Suite 550
Montréal, Qc, Canada H3Z 1B9**

And the mailing address is :

**9409 Sayre Street
Riverview, FL 33569**

Thank you,



Sylvain Tetreault

President

Calyka Technologies & Management Inc

**9409 Sayre Street
Riverview, FL 33569
Tel.: 813-672-9110**