
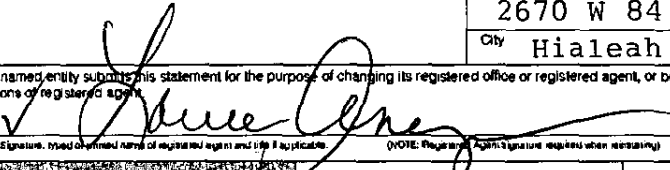
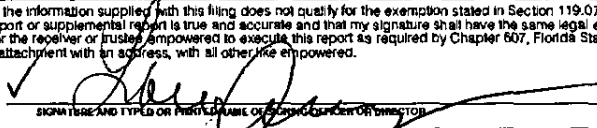


70042193

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000018943					
1. Entity Name ELECTRIKA CORP.					
Principal Place of Business 8004 NW 154ST. #359 MIAMI LAKES, FL 33016			Mailing Address 8004 NW 154ST. #359 MIAMI LAKES, FL 33016		
2. Principal Place of Business 2670 W. 84 Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State		4. FEI Number 04-3607-344	
Zip 33016		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANAYA, VICTOR 8004 NW 154ST. #359 MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
2670 W 84 Street			2670 W 84 Street		
City Hialeah FL Zip Code 33016			City Hialeah FL Zip Code 33016		
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 4/7/03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.)				DATE	
FILE NOW After May 3, 2003, fee will be \$50.00. 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANAYA, LORISE		NAME		
STREET ADDRESS	8004 NW 154ST. #359		STREET ADDRESS	2670 W 84 Street	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANAYA, VICTOR		NAME		
STREET ADDRESS	8004 NW 154ST. #359		STREET ADDRESS	2670 W 84 Street	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 with an address, with all other like empowered.					
SIGNATURE: 				Date 04/07/03	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR				Date	

CR2E034 (10/02)