

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90012 013 ***150.00

DOCUMENT # P02000063834	
1. Entity Name INFOKLIK CORP.	

Principal Place of Business 7171 BAY DRIVE #9 MIAMI BEACH, FL 33141-5454	Mailing Address 7171 BAY DRIVE #9 MIAMI BEACH, FL 33141-5454
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54032483

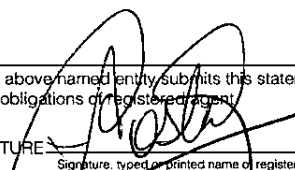
2. Principal Place of Business 8601 JOHNSON ST.	3. Mailing Address 8300 NW 7th ST
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. UNIT 7
City & State PEMBROKE PINES, FL.	City & State MIAMI, FL
Zip 33024	Country USA
Country USA	Zip 33126

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 38-3652148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

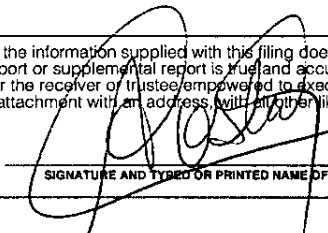
6. Name and Address of Current Registered Agent COSTA, ANA C 7171 BAY DRIVE #9 MIAMI BEACH, FL 33141-5454	
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7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not Acceptable) 8300 NW 7th ST. UNIT 7 City MIAMI FL Zip Code 33126	
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE 01-20-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE 8300 NW 7th ST. UNIT 7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSTA, ANA C		NAME MIAMI, FL. 33126	
STREET ADDRESS 7171 BAY DRIVE #9		STREET ADDRESS ---	
CITY-ST-ZIP MIAMI BEACH, FL 331415454		CITY-ST-ZIP ---	
TITLE VSD	<input type="checkbox"/> Delete	TITLE 8601 JOHNSON ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE SOUZA, ANDREA		NAME PEMBROKE PINES, FL.	
STREET ADDRESS 7171 BAY DRIVE #9		STREET ADDRESS 33024	
CITY-ST-ZIP MIAMI BEACH, FL 331415454		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 ---	
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 another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 01-20-04 Daytime Phone # (305) 3029128 (305) 267-7888