2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 24, 2008 08:00 AN
Secretary of State

1. Entity Name
AVEKA CORPORATION



Principal Place of Business

Mailing Address

19319 SW 64 TH STREET PEMBROKE PINES, FL 33332 19319 SW 64 TH STREET PEMBROKE PINES, FL 33332



	03192008	No Chg-P	CR2E034 (11/05)
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4. FEI Number	Applied For		
65-1185794		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, YVELISSE P 19319 SW 64TH STREET PEMBROKE PINES, FL 33332

DO NOT WRITE IN THIS SPACE

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							
FIL After M	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution	st.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	WESSETT WATER	THE RESERVE	Separate :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, YVELISSE 19319 SW 64TH STREET PEMBROKE PINES, FL 33332						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/13/08-6	18726 10095-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN.	THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CATY-ST-ZIP							
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated to this report or supplemental report is five and accurate and that my signature shall have the same lengt effect as it made under oath, that I am an officer or director.							

12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 embowered 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 AND TYPED OR PRINTED NAME OF S

OFFICER OR DIRECTOR

03/9/08 (954)274-5641