

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 018 ***150.00

DOCUMENT # P04000019494					
1. Entity Name TITAKA ENTERPRISES, INC					
Principal Place of Business 2155 MORGAN WIELAND LINE 102 LAKE LAND, FL 33813			Mailing Address 2155 MORGAN WIELAND LINE 102 LAKE LAND, FL 33813		
2. Principal Place of Business 4910 LAKE LAND HIGHLANDS RD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE LAND, FL		City & State			
Zip 33813		Country USA		4. FEI Number 01-0811255	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLER, ANA M 2155 MORGAN WIELAND LINE 102 LAKE LAND, FL 33813			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 <u>ANA M. MOLLER</u>				DATE <u>4/30/05</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not stamping)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete MOLLER, ANA M 2155 MORGAN WIELAND LAKE LAND, FL 33813				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete SANDOVAL, ALEJANDRO 2155 MORGAN WIELAND LAKE LAND, FL 33813				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete CONSTANTINOU, MARIA V 2155 MORGAN WIELAND LAKE LAND, FL 33813				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>ANA M. MOLLER</u>				DATE <u>4/30/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					