FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90038 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067618

1. Entity Name
HARIKA CORPORATION

40104137

Principal Place of Business
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD STE 603
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

04/22/2008 (B20034 11-05)

FEI Number
20-1061722

Applied for
Not Applicable

Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida.

SIGNATURE: _____
Signature of registered agent and the date of signature

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LA MADRID, MIGUEL DE
STREET ADDRESS	901 PONCE DE LEON BLVD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA