

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089760

FILED
Apr 04, 2005
Secretary of State

Entity Name: STANIKOR INTERNATIONAL, CORP

Current Principal Place of Business:

16919 NOTH BAY ROAD
SUITE 516
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

16919 NOTH BAY ROAD
SUITE 516
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ANIA
15354 SW 41 TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRO, RICARDO
Address: 16919 NORTH BAY ROAD SUITE 516
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VP () Delete
Name: CASTRO, KORIN
Address: 16919 NORTH BAY ROAD SUITE 516
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: D () Delete
Name: CASTRO, NICOLAY
Address: 16919 NORTH BAY ROAD SUITE 516
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: D () Delete
Name: CASTRO, BRIAN
Address: 16919 NORTH BAY ROAD SUITE 516
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: D () Delete
Name: GOMEZ, MARTHA
Address: 16919 NORTH BAY ROAD, STE 516
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO CASTRO

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date