


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State


02-24-2005 90043 040 ***158.75

DOCUMENT # P04000104131	
1. Entity Name SITKA CORPORATION	

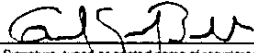
Principal Place of Business 300 GALEN DR APT 205 KEY BISCAYNE, FL 33149	Mailing Address 300 GALEN DR APT 205 KEY BISCAYNE, FL 33149
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50018661

2. Principal Place of Business 888 Brickell Key Drive	3. Mailing Address 888 Brickell Key Drive
Suite, Apt. #, etc. 1200 (Apt)	Suite, Apt. #, etc. 1200 (Apt)
City & State Miami FL	City & State Miami FL
Zip 33131	Country USA

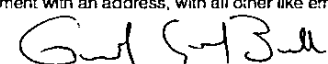
	
01142005	Chg-P CR2E034 (10/03)
4. FEI Number 20-1357864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, CAROLINA 300 GALEN DR APT 205 KEY BISCAYNE, FL 33149	
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7. Name and Address of New Registered Agent Name GONZALEZ CAROLINA Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Key Drive Apt 1200 City Miami FL 33131 FL Zip Code 33131	
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 	DATE 01-16-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P D GONZALEZ, CAROLINA 300 GALEN DR APT 205 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. GONZALEZ CAROLINA 888 Brickell Key Drive Apt 1200 Miami FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, RICARDO 300 GALEN DR APT 205 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GONZALEZ RICARDO 888 Brickell Key Drive Apt 1200 Miami FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  Carolina Gonzalez	Date 01/16/05 Daytime Phone # 954 937 3250