


FILED
Jun 13, 2008 8:00 am
Secretary of State

05-02-2008 90159 029 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000117983			
1. Entity Name IKA ENTERPRISES INC/IVETTE RODRIGUEZ			
Principal Place of Business 4764 SW N4 CT. MIAMI, FL 33185		Mailing Address 4764 SW N4 CT. MIAMI, FL 33185	
959 SW. 149 Terrace Sunrise		Fla 33326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04292008		Chg-P	CR2E034 (12/06)
4. FEI Number 86-1113703		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
RODRIGUEZ, IVETTE 4764 SW N4 CT. MIAMI, FL 33185			
959 SW. 149 Terrace Sunrise Fla - 33326			
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DPT RODRIGUEZ, IVETTE 4764 SW N4 CT. MIAMI, FL 33185		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
959 SW. 149 Terrace Sunrise Fla - 33326			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DVPS RODRIGUEZ, MIRIAM 4764 SW N4 CT. MIAMI, FL 33185		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
959 SW. 149 Terrace Sunrise Fla - 33326			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ivette Rodriguez</i> 4/14/08 President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
DATE: 05/24/2008			



ATTACHMENT

66014158

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2008

IKA ENTERPRISES INC/IVETTE RODRIGUEZ
959 S.W. 149 ~~Terace~~ *Terace*
SUNRISE, FL 33329-6 *33326.*

Subject: IKA ENTERPRISES INC/IVETTE RODRIGUEZ

Reference Number: P04000117983

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ts
ANNUAL REPORTS SECTION

*DPT / DVPS.
President and Vice President.
959 SW. 149 Terace
Sunrise, Fla 33326.*