

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153912

Entity Name: GIKA ENTERPRISES, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

15892 SW 63RD TERRACE
MIAMI, FL 33193

New Principal Place of Business:

15892 SW 63 TERRACE
MIAMI, FL 33193

Current Mailing Address:

15892 SW 63RD TERRACE
MIAMI, FL 33193

New Mailing Address:

15892 SW 63 TERRACE
MIAMI, FL 33193

FEI Number: 20-1883673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, IVONNE M
15892 SW 63RD TERRACE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

RAMIREZ, IVONNE M
15892 SW 63 TERRACE
MIAMI, FL 33193 US

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:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMIREZ, IVONNE M
Address: 15892 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: RAMIREZ, GUSTAVO
Address: 15892 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAMIREZ, IVONNE M
Address: 15892 SW 63 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D (X) Change () Addition
Name: RAMIREZ, GUSTAVO
Address: 15892 SW 63 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D () Change (X) Addition
Name: FRESNEDA, SILVIA
Address: 12930 SW 56 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: D () Change (X) Addition
Name: FRESNEDA, RICHARD
Address: 12930 SW 56 TERRACE
City-St-Zip: MIAMI, FL 33183

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: IVONNE M. RAMIREZ

D

04/21/2005

Electronic Signature of Signing Officer or Director

Date