

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014080

Entity Name: MEDIKA, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

10011 PINES BLVD., STE. 203-K
PEMBROKE PINES, FL 33024

New Principal Place of Business:

11361 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

Current Mailing Address:

10011 PINES BLVD., STE. 203-K
PEMBROKE PINES, FL 33024

New Mailing Address:

11361 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

FEI Number: 01-0829494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROYO, INES
10011 PINES BLVD., STE. 203-K
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

ARROYO, INES
11361 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 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: _____

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARROYO, INES
Address: 10011 PINES BLVD., STE. 203-K
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: BERRIOS, ENRIQUE
Address: 10011 PINES BLVD., STE. 203-K
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARROYO, INES
Address: 11361 INTERCHANGE CIRCLE SOUTH
City-St-Zip: MIRAMAR, FL 33025

Title: VP (X) Change () Addition
Name: BERRIOS, ENRIQUE
Address: 11361 INTERCHANGE CIRCLE SOUTH
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: INES ARROYO

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date