


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90175 017 \*\*\*150.00

<b>DOCUMENT # P05000034366</b>	
1. Entity Name IKALON, INC.	

Principal Place of Business 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027	Mailing Address 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027
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2. Principal Place of Business 1200 BRICKELL BAY DR. Suite, Apt. #, etc. SUITE 3007 City & State MIAMI, FL Zip 33131	3. Mailing Address 1200 BRICKELL BAY DR. Suite, Apt. #, etc. SUITE 3007 City & State MIAMI, FL Zip 33131
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02142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ARDILA, ANA I 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL BAY DRIVE, SUITE 3007 City MIAMI FL Zip Code 33131
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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	DV ARDILA, ANA I 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 BRICKELL BAY DR., #3007 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARDILA, CARLOS H 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 BRICKELL BAY DR., #3007 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARDILA, MARTITZA P 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 BRICKELL BAY DR., #3007 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARDILA, CARLOS A 4331 SW 106TH AVE STE 107 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 BRICKELL BAY DR., #3007 MIAMI, FL 33131
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS H. ARDILA

March 6/2006 305-600-4496

Date

Daytime Phone #