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Secretary of State

05-07-2007 90069 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000034366

1. Entity Name
IKALON, INC.



40107341



04182007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2454933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARDILA, ANA I
218 SE 14th St #2002
Miami, FL 33131

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV
NAME ARDILA, ANA I
STREET ADDRESS 218 SE 14th St #2002
CITY-ST-ZIP Miami, FL 33131

TITLE PD
NAME ARDILA, CARLOS H
STREET ADDRESS 218 SE 14th St #2002
CITY-ST-ZIP Miami, FL 33131

TITLE SD
NAME ARDILA, MARTITZA P
STREET ADDRESS 218 SE 14th St #2002
CITY-ST-ZIP Miami, FL 33131

TITLE TD
NAME ARDILA, CARLOS A
STREET ADDRESS 218 SE 14th St #2002
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Quelardila ANA I. ARDILA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

786-395-3242

Daytime Phone #