


FILED  
May 15, 2007 8:00 am  
Secretary of State

05-15-2007 90008 008 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

EPDVNF0U\$P05000037437 2/ Entity Name SARIK-HOLDINGS INC.			
Principal Place of Business 3215/DX0FTT/COBES/\$619 CPNGBOP/OFED JQM4417:		Mailing Address 3215/DX0FTT/COBES/\$619 CPNGBOP/OFED JQM4417:	
3/ Principal Place of Business - No. Box # 43 S. Pompano Beach #215		4/ Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Florida	
Zip 33069		Country	
7/ Obn f lboe!Beesf t t lpgDvssf ouSf hjt u f e!Bhf ou		8/ Obn f lboe!Beesf t t lpgDvssf ouSf hjt u f e!Bhf ou	
FRISBIE, RICHARD 2104 CYPRESS BEND DR #508 POMPANO BEACH, FL 33069		Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code	
9/ 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		1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %6/11 Nbz!Qf t Beef elp!Gf t	
21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRISBIE, RICHARD 2104 CYPRESS BEND DR #508 POMPANO BEACH, FL 33069 43 S. Pompano Beach #215	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
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
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23/ 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.			
T.J.HOBUSF:		Date Daytime Phone #	