

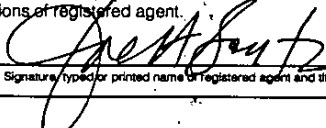
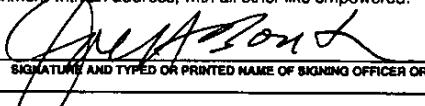


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90240 018 ***150.00

DOCUMENT # P05000080421 1. Entity Name SOFIKON CONSULTING, INC.					
Principal Place of Business 18001 OLD CUTTER RD. SUITE 556 PALMETTO BAY, FL 33157			Mailing Address 18001 OLD CUTTER RD. SUITE 556 PALMETTO BAY, FL 33157		
2. Principal Place of Business 18001 Old Cutter Road Suite, Apt. #, etc. Suite 556		3. Mailing Address 18001 Old Cutter Road Suite, Apt. #, etc. Suite 556			
City & State Palmetto Bay, FL Zip 33157		City & State Palmetto Bay, FL Zip 33157		4. FEI Number 51-0547133	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOUTSIS, EVE A C/O NAGIN GALLOP FIGUERO PA 3225 AVIATION AVENUE SUITE 301 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Eve A. Boutsis Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutter Road Suite 556 City Palmetto Bay FL Zip Code 33157		
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  <small>Signature, typed or printed name of Registered agent and title if applicable.</small>			DATE 1/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BOUTSIS, EVE A STREET ADDRESS 3225 AVIATION AVENUE SUITE 301 CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE D NAME Eve A. Boutsis STREET ADDRESS 18001 Old Cutter Road, Suite 556 CITY-ST-ZIP Palmetto Bay, FL 33157	<input checked="" 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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/10/06 Daytime Phone # 305-854-5353		