



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000088227 1. Entity Name APTEKA, INC.	
---	---

Principal Place of Business 7531 NORTH FEDERAL HIGHWAY E-5 BOCA RATON, FL 33487	Mailing Address 7531 NORTH FEDERAL HIGHWAY E-5 BOCA RATON, FL 33487
--	--

DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1918943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKLE, JONATHAN
807 PAR CIRCLE
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARKLE, JONATHAN 807 PAR CIRCLE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763119
05/29/07-80042-005 150.00

DO NOT WRITE IN THIS SPACE

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:  4/27/07 561 241 9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #