

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130111

FILED  
Jul 09, 2006  
Secretary of State

Entity Name: FLOKER CORPORATION

## Current Principal Place of Business:

7990 NW 159 TERRACE  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

## Current Mailing Address:

7990 NW 159 TERRACE  
MIAMI LAKES, FL 33016 US

## New Mailing Address:

FEI Number: 20-3509395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, JOSE C.P.A  
12839 NW 18 COURT  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMAS, SUNNY K  
Address: 7990 NW 159 TERRACE  
City-St-Zip: MIAMI, FL 33016 US

Title: D ( ) Delete  
Name: GEORGE, JOSEPH P  
Address: 15183 SW 157 TERRACE  
City-St-Zip: MIAMI, FL 33187 US

Title: D ( ) Delete  
Name: PULICK, JOSE  
Address: 12499 SW 123 PLACE  
City-St-Zip: MIAMI, FL 33186 US

Title: D ( ) Delete  
Name: AICKARA, JOSEPH T  
Address: 4527 WEST CIRCLE  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: CHENNADU, THOMAS A  
Address: 4 YOUNG LANE  
City-St-Zip: WEST HARTFORD, CT 06110 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNNY K THOMAS

P

07/09/2006

Electronic Signature of Signing Officer or Director

Date