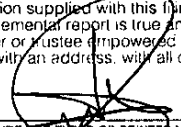


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90043 013 ***150.00

DOCUMENT # P05000151707 1. Entity Name METALIKA CORPORATION					
Principal Place of Business 8240 SW 188 ST MIAMI, FL 33157 US			Mailing Address 8240 SW 188 ST MIAMI, FL 33157 US		
2. Principal Place of Business 8240 SW 187 ST Suite, Apt. #, etc.		3. Mailing Address 8240 SW 187 ST Suite, Apt. #, etc.			
City & State MIAMI - Florida		City & State (blank)		4. FEI Number 20-3926948	
Zip 33157		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, VICTOR 8240 SW 188 ST MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8240 SW 187 ST 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 _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY - ST - ZIP	PTD ORTIZ, VICTOR 8240 SW 188 ST MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8240 SW 187 ST	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD ORTIZ, JENNIFER 8240 SW 188 ST MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8240 SW 187 ST	
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: 			VICTOR ORTIZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/28/06 Daytime Phone # (305) 233-8632		