

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| DOCUMENT # P05000151707 | |
| 1. Entity Name METALIKA CORPORATION | |
| Principal Place of Business 8240 SW 187 ST MIAMI, FL 33157 US | Mailing Address 8240 SW 187 ST MIAMI, FL 33157 US |



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-3926948 | Applied For <input type="checkbox"/> Not Applicable |
| 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 187 ST MIAMI, FL 33157 | 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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 | PTD ORTIZ, VICTOR 8240 SW 187 ST MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD ORTIZ, JENNIFER 8240 SW 187 ST MIAMI, FL 33157 |
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04/26/07-80084-007 150.00

**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:

Victor Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10th 2007 *786-5549300*
Date Daytime Phone #