

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State

04-30-2008 90154 046 ***150.00

DOCUMENT # P06000096414

1. Entity Name
SIKE ATLANTIC, INC. -



Principal Place of Business

**4615 N.W. 72ND AVE.
SUITE 109
MIAMI, FL 33166**

Mailing Address

**4615 N.W. 72ND AVE.
SUITE 109
MIAMI, FL 33166**

66014866

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1767801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**TOVAR, JORGE E
11275 NW 58TH TERRACE
DORAL, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity informs 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

5/15/08

**FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOVAR, JORGE E
STREET ADDRESS	11275 NW 58TH TERRACE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	S
NAME	LARA, ALBERTO
STREET ADDRESS	11275 NW 58TH TERRACE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 807, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/23/08