

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000096416

1. Entity Name
SIKE PACIFIC, 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



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1767803

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CACERES, ARIEL E
11275 NW 58TH TERRACE
DORAL, FL 33178

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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

Ariel Caceres

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

(NOTE: Registered Agent signature required when reinstating)

3/15/2008

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CACERES, ARIEL 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
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000000302905
04/30/08-80024-020 150.00

**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:

ARIEL CACERES

Ariel Caceres

3/15/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #