

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152851

Entity Name: IKE IKE BLENDS, INC.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

17038 SW 39TH ST  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

15476 NW 77TH CT.  
STE. 225  
MIAMI LAKES, FL 33016

## New Mailing Address:

FEI Number: 20-8030542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLAVONA, RAMON  
400 SW 2ND STREET  
SUITE 303  
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LLAVONA, RAMON  
Address: 400 SW 2ND STREET SUITE 303  
City-St-Zip: MIAMI, FL 33130

Title: DVS ( ) Delete  
Name: CATA, CARLOS  
Address: 17038 SW 39TH ST  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CARLOS CATA

DVS

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date