


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000075413**

1. Entity Name  
**ALKA CORPORATION**



Principal Place of Business      Mailing Address

**880 JUPITER PARK DRIVE, #1**      **880 JUPITER PARK DRIVE, #1**  
**JUPITER, FL 33458**                      **JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**



04222005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0616047**       Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, JAMES M ESQ.**  
**1211 THE PLAZA**  
**SINGER ISLAND, FL 33404**

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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: *Alka Patel*      (NOTE: Registered Agent signature required when reappointing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	PT PATEL, BHUPENDRA 555 ROOKERY PLACE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATEL, ALKA 555 ROOKERY PLACE JUPITER, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alka Patel*      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR