

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 044 \*\*\*150.00

**60015473**




02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3543021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DOCUMENT # P98000090031**

1. Entity Name  
SOYKA, INC.



Principal Place of Business 5556 N.E. 4 COURT MIAMI, FL 33137	Mailing Address 5556 NE 4TH CT. MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M  
 799 BRICKELL AVE  
 STE 700  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PVTS SOYKA, MARK 5556 NE 4 CT MIAMI, FL 33137
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**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: Mark Soyka **2/7/06** 305 759-3117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #