## 2006 FOR PROFIT CORPORATION

## FILED Apr 28, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000106858 1. Entity Name BKA SALES & MARKETING, INC. Principal Place of Business Mailing Address 16045 S.W. 89TH AVENUE/ROAD 16045 S.W. 89TH AVENUE/ROAD MIAMI, FL 33157 MIAMI, FL 33157 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0968194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERNANDEZ, JORGE DO NOT WRITE 16045 S.W. 89TH AVENUE/ROAD MIAMI, FL 33157 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FERNANDEZ, JORGE NAME STREET ADDRESS 16045 S.W. 89TH AVENUE/ROAD CITY-ST-ZIP MIAMI, RF L33157 U00000542142 05/10/06-80084-028 150.00 NAME FERNANDEZ, EMELINA L STREET ADDRESS 16045 S.W. 89TH AVENUE/ROAD CITY-ST-ZIP MIAMI, RF L33157 TITLE HAME STREET ADDRESS DO NOT WRITE City-St-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 trusteed 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 atta

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS City-St. 7P

