


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000106858 1. Entity Name BKA SALES & MARKETING, INC.	
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Principal Place of Business 16045 S.W. 89TH AVENUE/ROAD MIAMI, FL 33157	Mailing Address 16045 S.W. 89TH AVENUE/ROAD MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0968194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, JORGE 16045 S.W. 89TH AVENUE/ROAD MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JORGE 16045 S.W. 89TH AVENUE/ROAD MIAMI, RF L33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, EMELINA L 16045 S.W. 89TH AVENUE/ROAD MIAMI, RF L33157
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05/18/07-80021-022 150.00

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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  EMELINA L. FERNANDEZ 4/18/2007 3052342355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #