2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025574

1. Entity Name
YAK COMMUNICATIONS (AMERICA), INC.

FILED
04 JAN 23 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
55 TOWN CENTRE, #610 SCARBOROUGH, ONT.CAN M1P 4X4,	2601 S. BAYSHORE DRIVE 1600 MIAMI, FL 33133 US

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
55 TOWN CENTRE COURT	
Suite, Apt. #, etc.: 610	Suite, Apt. #, etc.
City & State: TORONTO, ONTARIO	City & State
Zip: M1P 4X4 Country: CANADA	Zip Country

4. FEI Number: 98-0349282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLLE, DENNIS J
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200027770252
01/29/04--01028--013 **150.00

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZWEBNER, CHARLES 55 TOWN CENTRE, #610 TORONTO, ONTARIO, CA m1p 4x4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	55 Town Centre Court, #610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLER, ANTHONY 77 CARIBOU RD TORONTO, ONTARIO, CA m59 2a7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Toronto, Ontario, CA M5N 2A7	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBACZ, ADRIAN 40-29 TWENTY SEVEN ST LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHORE, MITCHELL 45 PALM DR TORONTO, ONTARIO, CA m3h 2b5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREENWOOD, ANTHONY 112 GLEN PARK AVE TORONTO, ONTARIO, CA m6b 2c5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(416)

SIGNATURE: Charles Zwebner, President 1/16/04 414-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #