2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# N05000010894

Entity Name: PAK AMERICAN ASSOCIATION OF SW FLORIDA INC.

Current Principal Place of Business:

PO BOX 101184
CAPE CORAL, FL 33910

New Principal Place of Business:

Current Mailing Address:

PO BOX 101184
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-1261889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QURESHI, ASIF
1209 SE 31 STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	AHMED, SYED	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	
Title:	V	( ) Delete
Name:	ZAIDI, RAHIL	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	
Title:	GS	( ) Delete
Name:	QURESHI, SALMA	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	
Title:	D	( ) Delete
Name:	NIGHAT, ZAIDI MRS	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	
Title:	D	( ) Delete
Name:	ZUBAIRI, AMJAD MR	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	
Title:	D	( ) Delete
Name:	ISLAM, SAIF MR	
Address:	PO BOX 101184	
City-St-Zip:	CAPE CORAL, FL 33910	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALMA QURESHI GS 03/27/2006
Electronic Signature of Signing Officer or Director — Date