


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000036995
1. Entity Name
TAK GROUP, INC.



Principal Place of Business Mailing Address
36 NE 1ST ST., SUITE 438 **36 NE 1ST ST., SUITE 438**
MIAMI, FL 33132 **MIAMI, FL 33132**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0999223	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
LAU, TERRY
36 NE 1ST STREET, SUITE 438
MIAMI, FL 33132

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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, 2006 Fee will be \$550.00

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

00000407802
02/08/06-80035-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAU, TERRY
STREET ADDRESS	36 NE 1ST ST., SUITE 438
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	LAU, DAVID
STREET ADDRESS	36 NE 1ST ST., SUITE 438
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	LAU, PETER
STREET ADDRESS	36 NE 1ST ST., SUITE 438
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Date: **1/16/06** Daytime Phone #: **305-539-0792**