


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 36 NE 1ST ST., SUITE 438 MIAMI, FL 33132	Mailing Address 36 NE 1ST ST., SUITE 438 MIAMI, FL 33132
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01162008 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)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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

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 01/24/08-80010-001 150.00

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