

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 029 \*\*\*158.75

<b>DOCUMENT # P00000065487</b> 1. Entity Name <b>PAKAM -47, INC.</b>					
Principal Place of Business <b>1714 N GOLDENROD RD C2 ORLANDO, FL 32807</b>			Mailing Address <b>1714 N GOLDENROD RD C2 ORLANDO, FL 32807</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address <b>14125 ANCILLA BLVD., WINDERMERE, FL 34786 USA</b>			
4. FEI Number <b>59-3657884</b>		Applied For <input type="checkbox"/> Not Applicable		06092008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>KARAMAT, ANWAR 1714 N GOLDENROD RD C2 ORLANDO, FL 32807</b>			
7. Name and Address of New Registered Agent Name <b>NO CHANGE IN NAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>14125 ANCILLA BLVD.,</b> <b>WINDERMERE FL 34786</b> City <b>WINDERMERE FL</b> Zip Code <b>34786</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KARAMAT, ANWAR 1714 N GOLDENROD RD C2 ORLANDO, FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KARAMAT, NILOFUR 1714 N GOLDENROD RD C2 ORLANDO, FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>ANWAR KARAMAT</u> (ANWAR KARAMAT 07.23.08(407)963-3727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					