

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 032 ***158.75

DOCUMENT # P00000065487

1. Entity Name

PAKAM-47, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1929 CHATHAMMOOR DRIVE,

3. Mailing Address

1929 CHATHAMMOOR DRIVE,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State ORLANDO, FL

City & State ORLANDO, FL

Zip 32835

Country

Zip 32835

Country

4. FEI Number

59-3657884

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KARAMAT, ANWAR

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

1929 CHATHAMMOOR DRIVE,

City

ORLANDO

FL

Zip Code

32835

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]

KARAMAT, ANWAR PRESIDENT

04.21.2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARAMAT, ANWAR
STREET ADDRESS	1929 CHATHAMMOOR DRIVE,
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	S
NAME	KARAMAT, NILOFUR
STREET ADDRESS	1929 CHATHAMMOOR DRIVE,
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	KARAMAT, ADIL
STREET ADDRESS	1929 CHATHAMMOOR DRIVE,
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	KARAMAT, FAISAL
STREET ADDRESS	1929 CHATHAMMOOR DRIVE,
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

(ANWAR KARAMAT)

04.21.03 (407) 963-3727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)