


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90070 047 \*\*\*150.00

<b>DOCUMENT # P02000094700</b>	
<b>1. Entity Name</b> RAZIK INCORPORATED	

<b>Principal Place of Business</b> 1910 WELLS ROAD STE 1037 ORANGE PARK FL 32073 US	<b>Mailing Address</b> 1910 WELLS ROAD STE 1037 ORANGE PARK FL 32073 US
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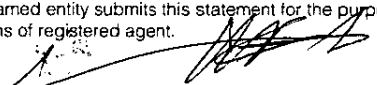
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 5542 BARRINGTON CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b> JACKSONVILLE FLORIDA
<b>Zip</b>	<b>Zip</b> 32244
<b>Country</b>	<b>Country</b> U.S.A



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> SULTAN, BURHAN 1710 WELLS ROAD # 917 ORANGE PARK FL 32073	
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<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> BURHAN SULTAN	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5542 BARRINGTON CT.	
<b>City</b> JACKSONVILLE	<b>State</b> FL
<b>Zip Code</b> 32244	

<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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 4-24-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> BURHAN, SULTAN	
<b>STREET ADDRESS</b> 5542 BARRINGTON CT	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32244	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 Block 11 if changed, or on an attachment with an address, with all the information required.**

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> BURHAN SULTAN
<b>Date</b> 4-24-04	<b>Daytime Phone #</b> (904) 269-2444