

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90206 034 \*\*\*150.00

DOCUMENT # P03000081969

1. Entity Name  
PAK PETROLEUM, INC



Principal Place of Business

201 WEST HWY 436  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

201 WEST HWY 436  
ALTAMONTE SPRINGS, FL 32714 US



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0114071

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MEHDI, RAZA  
~~201 WEST HWY 436~~  
~~ALTAMONTE SPRINGS, FL 32714~~

1791 Bobtail Dr  
Maitland, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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.

(change of Address only)

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P,T  
NAME RAZA, MEHDI  
STREET ADDRESS 201 WEST HWY 436  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE S,VP  
NAME RAZA, AHSAN  
STREET ADDRESS 201 WEST HWY 436  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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

MEHDI RAZA

Date

Daytime Phone #

4/11/07

407-782-6044