

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90293 023 \*\*\*158.75

<b>DOCUMENT # P03000117555</b> 1. Entity Name <b>VIJAK, INC.</b>					
Principal Place of Business <b>1706 NORTH HIGHLAND AVE CLEARWATER, FL 34615</b>			Mailing Address <b>1706 NORTH HIGHLAND AVE CLEARWATER, FL 34615</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33755</b> Country		Zip <b>33755</b> Country			
		04252005 Chg-P		CR2E034 (10/03)	
4. FEI Number <b>56-2406999</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRANCOIS, MARIE E 1706 N. HIGHLAND AVE CLEARWATER, FL 33755</b>			Name <b>ABAKA, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1706 NORTH HIGHLAND AVE</b> City <b>CLEARWATER</b> FL Zip Code <b>33755</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 <i>[Signature]</i> <b>ATB</b> <span style="float: right;">DATE <b>APRIL 25, 05</b></span> <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ABAKA, VIVIANE</b> <b>1706 NORTH HIGHLAND AVE</b> <b>CLEARWATER, FL 34615</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>CLEARWATER, FL 33755</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ABAKA, JAMES</b> <b>1706 NORTH HIGHLAND AVE</b> <b>CLEARWATER, FL 34615</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>CLEARWATER, FL 33755</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>ATB</b> <span style="float: right;">DATE <b>APRIL 25, 05</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					