


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 048 \*\*\*150.00

3/10/

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P04000051291</b>			
1. Entity Name <b>ZAK'S INTERNATIONAL INC.</b>			
Principal Place of Business <b>7845 148TH ST MIAMI LAKES, FL 33016</b>		Mailing Address <b>7845 148TH ST MIAMI LAKES, FL 33016</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DIAZ, MIKE</b> <b>7345 SAND LAKE RD</b> <b># 412</b> <b>ORLANDO, FL 32819</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating.	
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>KAFI ZODIN KAZI</b> <b>2624 WHALE BONE BAY DR</b> <b>KISSIMMEE, FL 34741</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>MUHAMMA SAJED RAUF</b> <b>1113 KEMPTON CHASE PKWY</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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: _____		<b>HAFIZODIN, KAZI</b> <b>Officer</b> <b>8/2/05 407.396-4264</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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02242005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0856289** Applied For Not Applicable

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