


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90125 039 ***150.00

DOCUMENT # P05000106866					
1. Entity Name NARMAK, INC.					
Principal Place of Business 4897 CYPRESS WOODS DRIVE #6209 ORLANDO, FL 32811 US			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US		
2. Principal Place of Business 2679 Metro Sevilla Drive Suite, Apt. #, etc. #105		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando, FL		City & State			
Zip 32835	Country US	Zip	Country	4. FEI Number 20-3244278	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SALEK, KAMRAN A 4897 CYPRESS WOODS DRIVE #6209 ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2679 Metro Sevilla Drive #105 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD	NAME SALEK, KAMRAN A		TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS 4897 CYPRESS WOODS DRIVE #6209	CITY-ST-ZIP ORLANDO, FL 32811		STREET ADDRESS 2679 Metro Sevilla Drive #105		
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP Orlando, FL 32835		
TITLE NAME	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/06 <small>Date</small>		
			<small>Daytime Phone #</small>		