2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076637

Entity Name: ZAK, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1110 SW 191ST TERRACE PEMBROKE PINES, FL 33029 **Current Mailing Address: New Mailing Address:** 1110 SW 191ST TERRACE PEMBROKE PINES, FL 33029 FEI Number: 20-4981267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISMAIL, MOHAMMAD R 1110 SW 191ST TERRACE PEMBROKE PINES, FL 33029 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SECT () Delete Title: (X) Change () Addition ISMAIL, MOHAMMAD R ISMAIL, MOHAMMAD R Name: Name: 1110 SW 191ST TERRACE 1110 SW 191ST TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029 Title: Title: () Delete () Change () Addition Name: ISMAIL, HAROON Name: 1110 SW 191ST TERRACE Address: Address: PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip: Title: Title: VP. () Delete SEC (X) Change () Addition MOOSA, HANIF MOOSA, HANIF Name: Name: 1110 SW 191ST TERRACE 1110 SW 191ST TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029 Title: () Delete Title: () Change () Addition MUHAMMED, SHAKEEL Name: Name: Address: 8900 W. FLAGLER STREET UNIT 1 Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROON ISMAIL P 05/01/2008