

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000076637

**FILED**  
**Aug 19, 2009**  
**Secretary of State****Entity Name:** ZAK, INC.**Current Principal Place of Business:**3930 PEMBROKE ROAD  
PEMBROKE PARK, FL 33021**New Principal Place of Business:****Current Mailing Address:**1110 SW 191ST TERRACE  
PEMBROKE PINES, FL 33029**New Mailing Address:****FEI Number:** 20-4981267**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ISMAIL, MOHAMMAD R  
1110 SW 191ST TERRACE  
PEMBROKE PINES, FL 33029 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ISMAIL, MOHAMMAD R  
Address: 1110 SW 191ST TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete  
Name: ISMAIL, HAROON  
Address: 1110 SW 191ST TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC ( ) Delete  
Name: MOOSA, HANIF  
Address: 1110 SW 191ST TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: MUHAMMED, SHAKEEL  
Address: 8900 W. FLAGLER STREET UNIT 1  
City-St-Zip: MIAMI, FL 33174

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GOVARIA, SAMMED  
Address: 12905 NW 23RD ST  
City-St-Zip: PEMBROKE PINES, FL 33028

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:** MOHAMMAD R ISMAIL

VP

08/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date