

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045353

Entity Name: SARK GROUP, INC.

FILED  
Jun 16, 2008  
Secretary of State

## Current Principal Place of Business:

440 US 41 BYPASS  
VENICE, FL 34285 SA

## New Principal Place of Business:

## Current Mailing Address:

440 US 41 BYPASS  
VENICE, FL 34285 US

## New Mailing Address:

5500 4TH STREET NORTH  
ST PETERSBURG, FL 33703 US

FEI Number: 20-8865001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBANNA, SINAN  
440 US-41 BYPASS  
VENICE, FL 34285 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

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:

Title: P ( ) Delete  
Name: ALBANNA, SINAN  
Address: 440 US 41 BYPASS  
City-St-Zip: VENICE, FL 34285 US

Title: VP (X) Delete  
Name: DOLETZKY, STEVEN N  
Address: 440 US 41 BYPASS  
City-St-Zip: VENICE, FL 34285 US

Title: TRES ( ) Delete  
Name: KAMMO, JAMMAL  
Address: 26735 W. EIGHT MILE  
City-St-Zip: REDFORD, MI 48240 US

## 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:

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: SINAN ALBANNA

P

06/16/2008

Electronic Signature of Signing Officer or Director

Date