

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056291

Entity Name: CTRAK CORPORATION

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

500 NE 191ST STREET  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE 191ST STREET  
MIAMI, FL 33179 US

**New Mailing Address:**

FEI Number: 27-0477874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAMAREDINE, MOHAMAD  
500 NE 191ST STREET  
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: KAMAREDINE, MOHAMAD  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

Title: S  
Name: KAMAREDINE, NATALIYA  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

Title: T  
Name: KAMAREDINE, MOHAMAD  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

I hereby 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 all other like empowered.

SIGNATURE: MOHAMAD KAMAREDINE

P.D.

03/22/2010

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

\_\_\_\_\_  
Date