

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90145 050 ***150.00

DOCUMENT # P96000045104

1. Entity Name
SAKO, INC. OF CENTRAL FLORIDA



Principal Place of Business
**3129 MCEWAN VIEW CIR
ORLANDO, FL 32812 US**

Mailing Address
**3129 MCEWAN VIEW CIR
ORLANDO, FL 32812 US**

50063801



07262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAIKH, ABDUL N
3129 MCEWAN VIEW CIR
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAIKH, ABDUL N
STREET ADDRESS 3129 MCEWAN VIEW CIR
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VD
NAME SHAIKH, SHANA N
STREET ADDRESS 3129 MCEWAN VIEW CIR
CITY-ST-ZIP ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-05 407-381-2292

Date

Daytime Phone #

ATTACHMENT 50063801

#P96000045104

TO: Florida Department of State
P.O. Box 6198
TALLAHASSEE, FL. 32314

FROM: Sako Inc. of Central Florida
3129 McEwan View Circle
ORLANDO, FL. 32812

Subject: Late filing fee charges/penalty.

Dear Sir/Madam

I was waiting to receive renewal form from Department of Corporation, instead I received a post card notifying me that my Corporation return was due earlier and because Corporation Commission did not receive my return so unless I file the return they will cancel the Corporation status. When I called the Tallahassee, I have been advised to download the forms than mail the sign written with explanation why I did not submit the renewal of Corporation by due date.

Please note I was not aware that F.I. Corporation Tallahassee did not mail the renewal form and that's why I am filing late. You are kindly requested to waive the late charges as I was not aware about it. I am enclosing \$150.00 renewal Corporation fee and signed ~~renewal~~ renewal Corporation Annual Report.

Thank you in advance for your kind attention and assistance.

Sincerely,
Abdul Shaikh

SAKO Inc. of Central Florida