

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000034935

1. Entity Name
IZAK GROUP, INC.



Principal Place of Business
**5756 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810**

Mailing Address
**PO BOX 1746
GOLDENROD, FL 32733**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERTIZLIAN, BASSEM
5756 NORTH OBT
GNC
ORLANDO, FL 32810**

**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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BERTIZLIAN, ALHEME
STREET ADDRESS	5756 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	VM
NAME	BERTIZLIAN, BASSEM
STREET ADDRESS	5756 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/11/05-80020-012 150.00

**DO NOT WRITE
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

05/01/2005 407-833-2300 x

Date

Daytime Phone #