

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000006828**

1. Entity Name  
**FOYAKS GROUP OF COMPANIES, INC.**



Principal Place of Business  
**3300 SW 96TH TERR.  
MIRAMAR, FL 33025**

Mailing Address  
**3300 SW 96TH TERR.  
MIRAMAR, FL 33025**



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1017243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MUHAMMAD-RILWAN, K. ABDULKAREEM  
3300 SW 96 TERRACE  
MIRAMAR, FL 33025**

**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 *KAREEM ABDULKAREEM*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*4/18/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000757496  
05/23/07-80074-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PM
NAME	ABDULKAREEM, MUHAMMAD
STREET ADDRESS	3300 SW 96 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	TS
NAME	ABDULKAREEM, KAREEMOT A
STREET ADDRESS	3300 SW 96 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	V
NAME	ABDULKAREEM, FAIDAT Y
STREET ADDRESS	3300 SW 96 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	ABDULKAREEM, MISTURAH O
STREET ADDRESS	3300 SW 96 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *KAREEM ABDULKAREEM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/07*  
Date

*(954) 431-9703*  
Daytime Phone #