


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| DOCUMENT # P99000011046 | |  | |
| 1. Entity Name SSAK, INC. | | | |
| Principal Place of Business 1905 W. VINE ST KISSIMMEE FL 34741 | | Mailing Address 1905 W. VINE ST KISSIMMEE FL 34741 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0919768** Applied For Not Applicable

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KARIM, ALNOOR 16410 MIAMI DRIVE APT #407 N. MIAMI BEACH FL 33162 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | Zip Code FL | |

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KARIM, ALNOOR | NAME | U000000407177 |
| STREET ADDRESS | 16410 MIAMI DRIVE | STREET ADDRESS | 02/08/06-80006-003 150.00 |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33162 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KARIM, SALIM | NAME | |
| STREET ADDRESS | 3101 STONE HURST CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KARIM, SHABIR | NAME | |
| STREET ADDRESS | 3101 STONE HURST CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SALIM KARIM Jan 26/06 407.518 063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #