

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90005 010 \*\*\*150.00

**DOCUMENT # P99000065488**

1. Entity Name  
**PAK-AMERICAN, INC.**



Principal Place of Business  
**1750 W 46 STREET APT 434  
HIALEAH, FL 33012**

Mailing Address  
**1750 W 46 STREET APT 434  
HIALEAH, FL 33012**

**54063191**



2. Principal Place of Business  
**3601 NW 7th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3601 NW 7th AVE**  
Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-0936257**  
Applied For  
Not Applicable

Zip  
**33127**  
Country  
**Miami-Dade**

Zip  
**33127**  
Country  
**Miami-Dade**

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

6. Name and Address of Current Registered Agent

**BPKHARI, SYED S  
1750 W 46 STREET APT 434  
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name **BOKHARI, Syed S.**  
Street Address (P.O. Box Number is Not Acceptable)

**3601 NW 7th Ave**  
City **Miami** **FL** Zip Code **33127**

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 *Syed Bokhari* **Syed Bokhari** **7-15-04**  
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 8, 2004**

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 **DPS** ☐ Delete  
NAME **BOKHARI, SYED S**  
STREET ADDRESS **1750 W 46 STREET APT 434**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VPT** ☐ Delete  
NAME **HAQ, JAMICA A**  
STREET ADDRESS **910 GREENDRIAN AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition  
NAME **Bokhari, Syed S.**  
STREET ADDRESS **3601 NW 7th Ave**  
CITY-ST-ZIP **Miami FL 33127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Syed Bokhari* **Syed Bokhari** **7-15-04** **305-638-9281**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #