


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V41212 1. Entity Name LAPARKAN PRO SYSTEMS, INC.	
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Principal Place of Business 2929 NW 73RD ST MIAMI, FL 33169	Mailing Address 2929 NW 73RD ST MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KHAN, GLEN 2929 NW 73RD ST MIAMI, FL 33147

FILED
05 JAN 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0339325	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KHAN, GLEN 2295 S W 105 TERRACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, SANDRA B 2295 SW 105TH TERR DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMAD, ABDUL TALLIM 9660 BOULDER ST. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300045620513
01/31/05--01007--006 **635.00

**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: 	ABDUL T. SAMAD	1/13/2005	(305) 836-4393
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>