2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State

AITHOAE ILLI OILI		-	. a	´ .	CCI
DOCUMENT # V44535 1. Entity Name SVKP ENTERPRISES, INC.			Sec	cretary (or State
Principal Place of Business Mailing Address 1737 N ANDREWS AVE 4702 NW 120 W FT LAUDERDALE, FL 33311 US CORAL SPRINGS		\$ (Mail assaul		MINNY MANIA MA	NICENIALISMENT OF LONDO
	The state of the s				
		04242006	No Chg-P	CR2E034 (11/	(05)
DO NOT WRITE IN THIS	SPACE	4. FEI Number 65-0339			Applied For Not Applicable
		5. Certificate o	f Status Desired	□ \$8.75 Fee Re	Additional quired
Name and Address of Current Registered Agent			, , , , , , , , , , , , , , , , , , ,		., .
BALASUBRAMANIAM K 4702 NW 120 WAY			NOT W		
CORAL SPINGS, FL 33076		IN T	HIS SP	ACE	
The above named entity submits this statement for the purpose of change.	ging its registered office or regist	ered agent, or both	, in the State of Flo	rida. I am familiar	with, and accept
the obligations of registered agent.					
Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature requir	ed when reinstaling)		DATE	
After May 1, 2006 Fee will be \$550.00 Trust Fur		5.00 May Be ided to Fees			
10. OFFICERS AND DIRECTORS		-		•	
NAME BALASUBRAMANIANIAM, K. STREET ADDRESS 4702 NW 120 WAY					
CITY-ST-ZIP CORAL SPRINGS, FL 33076			U000005 05/10/06-8	540844	
TITLE D NAME BALASUBRAMANIANIAM, P.			05/10/06-8	30034-005	150.00
STREET ADDRESS 4702 NW 120 WAY CITY-ST-ZIP CORAL SPRINGS, FL 33076					
TILE NAME					
STREET ADDRESS CITY-ST-ZIP		DO	NOT W	RITE	
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NAME STREET ADDRESS	1		1110 01	/~~ L	
CTTY-ST-ZIP					
TITLE NAME	1				
STREET ADDRESS CITY - ST - ZIP					
TITLE NAME					
STREET ADDRESS	İ				

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

Whalastor om an K. BA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. BALASUBRAMANIAM

4/26/06

Date

Daytime Phone #