2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001604

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Entity Nar	ne: RKM (US	A) CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
8245 NW 3 SUITE 3 MIAMI, FL	36 STREET. 33166			8245 NW 3 SUITE 2 MIAMI, FL		Т.	
Current Mailing Address:				New Mailing Address:			
5500 SW 86 ST. MIAMI, FL 33143				8245 NW 36 STREET. SUITE 2 MIAMI, FL 33166			
FEI Number:	03-0379858	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Statu	us Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	RA, CRISTINA 6 STREET 33143 US	A					
	named entity : e of Florida.	submits this statement for the pu	urpose o	f changing it	s registere	ed office or registered	d agent, or both,
SIGNATUF							
		ic Signature of Registered Ager	nt			Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DABROWSKI, İ	FREET. SUITE 3		Title: Name: Address: City-St-Zip:		(X) Change () Additior SKI, HENRYK 36 STREET. SUITE 2 33166	n
Title: Name: Address: City-St-Zip:	D () KOROSCHETZ 8001 NW 36TH MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:		(X) Change () Additior HETZ, MANFRED 36 STREET. SUITE 2 33166	n
Title: Name: Address: City-St-Zip:	D () POCATERRA, 0 5500 SW 86 S' MIAMI, FL 331	Г.		Title: Name: Address: City-St-Zip:	D VERGES, I 8245 NW 3 MIAMI, FL	36 STREET. SUITE 2	1

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HENRYK DABROWSKI D 04/28/2005

() Delete

() Change (X) Addition

PLOCH, WOLFGANG

MIAMI, FL 33166

8245 NW 36 STREET. SUITE 2