

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90015 015 \*\*\*150.00

**DOCUMENT # J09058**

1. Entity Name  
**MR & RK UNITED, INC.**



Principal Place of Business      Mailing Address  
**402 HIGH POINT DR**      **402 HIGH POINT DR**  
**COCOA, FL 32926 US**      **COCOA, FL 32926 US**

44013030



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
**Suite 101**      **Suite 101**

01052004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number  
**59-2666788**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**SOILEAN, JOHN**  
**1970 MICHIGAN AVE**  
**BLDG C**  
**COCOA, FL 32922**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3490 N. US Highway 1**

City      **FL**      Zip Code  
**32926**

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAH, MAHESH R.	
STREET ADDRESS	702 HAWKSBILL ISLAND DR	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAH, RASHMI M.	
STREET ADDRESS	702 HAWKSBILL ISLAND DR	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Rashmi Shah      3-12-04      321-631-0245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #