


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90025 047 ****55.00

DOCUMENT # L02000030165					
1. Entity Name P & K INTERNATIONAL, LLC					
Principal Place of Business 7652 NOB HILL RD TAMARAC, FL 33321			Mailing Address 7652 NOB HILL RD TAMARAC, FL 33321		
2. Principal Place of Business 10708 NW 53 St		3. Mailing Address 10708 NW 53 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise FL		City & State Sunrise FL		4. FEI Number 26-0056519	
Zip 33351		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WADHWANI, BHAGWAN 7652 NOB HILL RD TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name - WADHWANI, BHAGWAN Street Address (P.O. Box Number is Not Acceptable) 10708 NW 53 St City Sunrise FL Zip Code 33351		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADHWANI, BHAGWAN 7652 NOB HILL RD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADHWANI, BHAGWAN 10708 NW 53 St Sunrise, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADHWANI, NIRMALA 7652 NOB HILL RD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADHWANI, NIRMALA 10708 NW 53 St Sunrise, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>B.K. Wadhvani</u> <u>M.B. Wadhvani</u> <u>4-8-04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					