

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90019 005 \*\*\*150.00

DOCUMENT # P00000017117

1. Entity Name

RK TRADING, INC.



Principal Place of Business

4919 FREEDOM CIR. APT. 501  
LAKE WORTH FL 33461

Mailing Address

142 GODWIN RD  
GREENACRES FL 33463

02016100

2. Principal Place of Business

3285 Lake Worth Rd.

3. Mailing Address

4919 FREEDOM CIRCLE

Suite, Apt. #, etc.

501



MOORE

CR2E034 (11/03)

City & State

Lake Worth Florida

City & State

LAKE WORTH FL 33461

4. FEI Number

65-0987656

Applied For

Not Applicable

Zip

33461

Country

U.S.A.

Zip

33461

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAHAR, NAZMUN  
4919 FREEDOM CIR. APT. 501  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NAZMUN, NAHAR  
142 BALWIN BLVD  
LAKE WORTH FL 33463 *my correction* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KOMAR, MASTATE  
142 GODWIN BLVD  
LAKE WORTH FL 33463 *my correction* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NAZMUN NAHAR *Correction* ☐ Change ☐ Addition  
4919 FREEDOM CIRCLE  
APT 501, Lake Worth FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KAMAL MOSTAFA *Correction* ☐ Change ☐ Addition  
4919 FREEDOM CIRCLE  
APT 501, Lake Worth FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*MOSTAFA KAMAL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSTAFA KAMAL

2-22-04

Date

561  
5439748

Daytime Phone #