


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 002 ***150.00

DOCUMENT # P02000010274	
1. Entity Name R.K. OF MIAMI INC.	

Principal Place of Business 20810 W DIXIE HWY NORTH MIAMI BEACH, FL 33180	Mailing Address 20810 W DIXIE HWY NORTH MIAMI BEACH, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40055148 *acc. / 15m*



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0584244	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MEHBOOB, KHAN 150 E 1 AVE #1207 HIALEAH, FL 33010	

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	NAME	STREET ADDRESS	NAME
CITY-ST-ZIP	NAME	CITY-ST-ZIP	NAME
TITLE	NAME	TITLE	NAME
STREET ADDRESS	NAME	STREET ADDRESS	NAME
CITY-ST-ZIP	NAME	CITY-ST-ZIP	NAME
TITLE	NAME	TITLE	NAME
STREET ADDRESS	NAME	STREET ADDRESS	NAME
CITY-ST-ZIP	NAME	CITY-ST-ZIP	NAME
TITLE	NAME	TITLE	NAME
STREET ADDRESS	NAME	STREET ADDRESS	NAME
CITY-ST-ZIP	NAME	CITY-ST-ZIP	NAME
TITLE	NAME	TITLE	NAME
STREET ADDRESS	NAME	STREET ADDRESS	NAME
CITY-ST-ZIP	NAME	CITY-ST-ZIP	NAME

12. I hereby certify that the information supplied with this filing 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: <i>Khalid Ansari</i>	3/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

KHALID ANSARI