

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 047 ***150.00

DOCUMENT # P02000019539

1. Entity Name

MKB USA, INC.



Principal Place of Business

1045 THISTLE CREEK CT.
WESTON FL 33327

Mailing Address

1045 THISTLE CREEK CT.
WESTON FL 33327

J4001104



MOORE CR2E034 (11/03)

2. Principal Place of Business

7204 S. DIXIE HWY

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FLORIDA

Zip
33405

Country

PAUM BEACH

3. Mailing Address

7204 S. DIXIE HWY

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FLORIDA

Zip
33405

Country

PAUM BEACH

4. FEI Number

30-0044466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANIAR, RAJU
7737 N UNIVERISTY DR #202
FORT LAUDERDALE FL 33321

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 PD ☐ Delete
NAME ZAVERI, SANGIN
STREET ADDRESS 1045 THISTLE CREEK CT.
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ZAVERI, SANGIN
STREET ADDRESS 22348 CALIBRE CT, APT 205
CITY-ST-ZIP BOCA RATON, FL 33433 (NEW ADDRESS ONLY)

TITLE VP ☐ Change ☒ Addition
NAME SHAH, SUNIL
STREET ADDRESS 1045 THISTLE CREEK CT.
CITY-ST-ZIP WESTON, FL 33327

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

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

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

TITLE ☐ Change ☐ 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)(j), 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: *Sangin Zaveri* SANGIN ZAVERI (PRESIDENT)

1/23/04

561-585 2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #