


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

03-25-2004 90040 039 ***150.00
 05-24-2004 90004 033 ***150.00

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DOCUMENT # P02000081424					
1. Entity Name RK AND KK CORPORATION					
Principal Place of Business HOVAN MEDITEREANE GOURMET 451 - E ALTAMONTE DRIVE #859 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address HOVAN MEDITEREANE GOURMET 451 - E ALTAMONTE DRIVE #859 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 48-1267991	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent -KARIM, CPA, ALTA 421 MONTGOMERY RD. #165 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name <u>A. A. ALI, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1322 N. PINEHILLS RD</u> City <u>ORLANDO</u> FL Zip Code <u>32808</u>		
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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>4/9/04</u> (NOTE: Registered Agent signature required when reissuing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPADIA, RAMAN		NAME		
STREET ADDRESS	2223 SORRENTO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPADIA, KOKILA R		NAME		
STREET ADDRESS	2223 SORRENTO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Raman Kapadia</u>			DATE: <u>02/25/04</u>		DAYTIME PHONE: <u>407-767-6961</u>
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #