

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081424

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: RK AND KK CORPORATION

**Current Principal Place of Business:**

HOVAN MEDITEREANE GOURMET  
451 - E ALTAMONTE DRIVE #859  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

HOVAN MEDITEREANE GOURMET  
451 - E ALTAMONTE DRIVE #859  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 48-1267991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A A ALI, CPA  
1322 N PINELLAS RD  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KAPADIA, RAMAN  
Address: 2223 SORRENTO CIRCLE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: S ( ) Delete  
Name: KAPADIA, KOKILA R  
Address: 2223 SORRENTO CIRCLE  
City-St-Zip: WINTER PARK, FL 32792 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KAPADIA, RAMAN  
Address: 1520 DUNN COVE DR  
City-St-Zip: APOPKA, FL 32703 US

Title: S (X) Change ( ) Addition  
Name: KAPADIA, KOKILA R  
Address: 1520 DUNN COVE DR  
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMAN KAPADIA

PD

01/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date