## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000081424

1. Entity Name

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FILED

Apr 24, 2006 8:00 am Secretary of State

12. 15

Daytime Phone #

04-24-2006 90351 012 \*\*\*150.00 RK AND KK CORPORATION Principal Place of Business Mailing Address 60029203 HOVAN MEDITEREANE GOURMET HOVAN MEDITEREANE GOURMET 451 - E ALTAMONTE DRIVE #859 451 - E ALTAMONTE DRIVE #859 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Cha-P CR2E034 (11/05) City & State City & State 4. FFI Number Applied For 48-1267991 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - 43 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A A ALI, CPA Street Address (P.O. Box Number is Not Acceptable) 1322 N PINELLAS RD ORLANDO, FL 32808 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. production for the comment of the contraction of th SIGNATURE
Signature: typed or printed name of registered agent and title if applicable. 1- (NOTE: Registered Agent signature required when remistating) A LE LOVE FEFT FILE NOW!!! FEE IS \$150.00 \$5.00 May Be '9. Election Campaign Financing Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 'Added to Fees <u>ਅਫ਼ਨੇਜੈਅਦ ਭਾਵੇਂ</u> 1.776 -F 1 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITUE • ..... TITLE Delete KAPADIA, RAMAN NAME 1520 DUNN COVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAPADIA, KOKILA R NAME 1520 DUNN COVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 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 expowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR