


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90136 036 ***150.00

DOCUMENT # P02000081424

1. Entity Name
 RK AND KK CORPORATION



Principal Place of Business HOVAN MEDITEREANE GOURMET 451 - E ALTAMONTE DRIVE STORE FS03 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address HOVAN MEDITEREANE GOURMET 451 - E ALTAMONTE DRIVE STORE FS03 ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1267991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPADIA, RAMAN 1520 DUNN COVE DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPADIA, KOKILA R 1520 DUNN COVE DR APOPKA, FL 32703
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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: Raman Kapadia **RAMAN KAPADIA, PRES** 3/14/08 407-767-6961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #