

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081424

FILED
Apr 13, 2009
Secretary of State

Entity Name: RK AND KK CORPORATION

Current Principal Place of Business:

HOVAN MEDITEREANE GOURMET
451 - E ALTAMONTE DRIVE STORE FS03
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

HOVAN MEDITEREANE GOURMET
451 - E ALTAMONTE DRIVE STORE FS03
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: 1520 DUNN COVE DR
City-St-Zip: APOPKA, FL 32703 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

P

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date