

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>DOCUMENT # P03000012114</b>                                                          |                                                                             |
| 1. Entity Name<br><b>R.K. BUSINESS ENTERPRISES, INC.</b>                                |                                                                             |
| Principal Place of Business<br><b>8820 S ORANGE BLOSSOM TRAIL<br/>ORLANDO, FL 32809</b> | Mailing Address<br><b>8820 S ORANGE BLOSSOM TRAIL<br/>ORLANDO, FL 32809</b> |

**DO NOT WRITE IN THIS SPACE**

04262006 No Chg-P CR2E034 (2/1/05)

|                                                                     |                               |
|---------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>78-0723890</b>                                  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>SB</b> | Additional<br>Fees Required   |

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ  
 5728 MAJOR BLVD STE 545  
 ORLANDO, FL 32819**

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 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing (a) registered office or registered agent, or both, in the State of Florida. I am (a) ☐ with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registrant agent and date (if applicable)

(NOTE: Registered Agent signature required when agent is changed)

DATE

**FILE NOVEMBER FEE IS \$150.00  
 After May 1, 2006 Fee will be \$250.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May be  
 Added to Fee**

10. OFFICERS AND DIRECTORS

|                |                                    |
|----------------|------------------------------------|
| TITLE          | <b>P</b>                           |
| NAME           | <b>RATHORE, NARENDRA S</b>         |
| STREET ADDRESS | <b>8820 S ORANGE BLOSSOM TRAIL</b> |
| CITY-ST-ZIP    | <b>ORLANDO, FL 32809</b>           |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |

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 05/17/06-80031 002.150.00

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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 in an attachment with an address, with all other like amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/22/06

(KARANDEA S. RATHORE)