

FROM :

FAX NO. : 4078314407


Apr. 27 2005 02:08PM P2

FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083287

1. Entity Name
MKSS CORPORATION



Principal Place of Business
800 PHEASANT RUN COURT
PORT ORANGE, FL 32127

Mailing Address
800 PHEASANT RUN COURT
PORT ORANGE, FL 32127



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1704506

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SODHI, MANMOHAN
800 PHEASANT RUN COURT
PORT ORANGE, FL 32127

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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 _____
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SODHI, MANMOHAN
STREET ADDRESS	800 PHEASANT RUN CT
CITY- ST- ZIP	PORT ORANGE, FL 32127
TITLE	T
NAME	SODHI, KAVAJIT
STREET ADDRESS	800 PHEASANT RUN CT
CITY- ST- ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(c), 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: Msodhi 04/26/05 1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
304-9919