

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083287

Entity Name: MKSS CORPORATION

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

800 PHEASANT RUN COURT  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

800 PHEASANT RUN COURT  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 06-1704506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SODHI, MANMOHAN  
800 PHEASANT RUN COURT  
PORT ORANGE, FL 32127 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: SODHI, MONMOHAN  
Address: 800 PHEASANT RUN CT  
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete  
Name: SODHI, KAVALJIT  
Address: 800 PHEASANT RUN CT  
City-St-Zip: PORT ORANGE, FL 32127

**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: MANMOHAN SODHI

P

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date