**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 90425 041 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095276

1. Entity Name
DMK UNITED INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 105 GOSHWAK DR<br>DAYTONA BEACH, FL 32109 | 105 GOSHWAK DR<br>DAYTONA BEACH, FL 32109 |

04302004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2655 W ESB | 1151 So. old Dixie |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: Daytona Beach FL | City & State: Bunnelle FL |
| Zip: 32109 Country: Volusia | Zip: 32110 Country: Flayer |

4. FEI Number: 90-0107094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SARAIYA, SWETA<br>105 GOSHWAK DR<br>DAYTONA BEACH, FL 32109 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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: S. M. Saraiya
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SARAIYA, SWETA<br>105 GOSHWAK DR<br>DAYTONA BEACH, FL 32109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pre | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHETH, KETU<br>3771 NOVA RD 3C<br>PORT ORANGE, FL 32129 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRAHMBHATT, DEVANG<br>2270 CANDLEWOOD LANE<br>NEW SMYRNA BEACH, FL 32168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** S. M. Saraiya 04-29-04 386-527-2143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #