

Sent By: RASKIN SHAH P.A.;

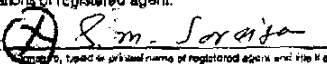
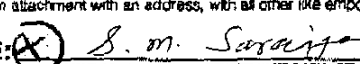
321 269 6677;

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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 105 GOSHWAK DR DAYTONA BEACH, FL 32109			Mailing Address 105 GOSHWAK DR DAYTONA BEACH, FL 32109		
2. Principal Place of Business 2655 W ESB		3. Mailing Address 1151 So. Old Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Daytona Beach FL		City & State Bunnelle FL		4. FEI Number 90-0107094	
Zip 32109	Country USA	Zip 32110	Country FLORIDA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
SARAIYA, SWETA 105 GOSHWAK DR DAYTONA BEACH, FL 32109			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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  (NOTE: Registered Agent signature required when amending)					
DATE					
FILE NOW!!! FEE IS \$180.00 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	D	☐ Delete	TITLE	Pr	☐ Change ☐ Addition
NAME	SARAIYA, SWETA		NAME		
STREET ADDRESS	105 GOSHWAK DR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32109		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHETH, KETU		NAME		
STREET ADDRESS	3771 NOVA RD 3C		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAHMSHATT, DEVANG		NAME		
STREET ADDRESS	2270 CANDLEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 007, 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:  04-29-04 386-521-2143					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					