


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000097731 1. Entity Name RKW ENTERPRISES INC	
--	---

Principal Place of Business 2250 US HWY 27 CLERMONT, FL 34711	Mailing Address 5015 TREASURE CAY RD TAVARES, FL 32778
---	--



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0209258	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent WADHWA, RAM KRISHAN 5015 TREASURE CAY RD TAVARES, FL 32778
--

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000905927
05/02/08-80002-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADHWA, RAM KRISHAN 5015 TREASURE CAY RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADHWA, JITENDER 5015 TREASURE CAY RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADHWA, PUJA 5015 TREASURE CAY RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADHWA, RAJINDER 419 ROSEWOOD LANE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADHWA, ANJU 419 ROSEWOOD LANE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/15/08 352 343 0708