

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099012

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: RKNM FOOD INC.

**Current Principal Place of Business:**

5976 NW 56TH DR  
CORAL SPRINGS, FL 330673533

**New Principal Place of Business:**

**Current Mailing Address:**

5976 NW 56TH DR  
CORAL SPRINGS, FL 330673533

**New Mailing Address:**

FEI Number: 74-3127435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAVAL, RAJEN  
5976 NW 56TH DR  
CORAL SPRINGS, FL 330673533 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: D ( ) Delete  
Name: RAVAL, RAJEN  
Address: 5976 NW 56 TH DRIVE  
City-St-Zip: CORALSPRINGS, FL 33067

Title: D ( ) Delete  
Name: RAVAL, NINA  
Address: 5976 NW 56TH DRIVE  
City-St-Zip: CORALSPRINGS, FL 33067

**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 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: NINA RAVAL

D

02/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date