
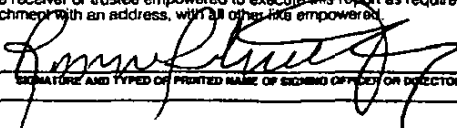


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Aug 02, 2005 8:00 am
Secretary of State

05-02-2005 90508 025 ***150.00

DOCUMENT # P04000111105					
1. Entity Name RK EXOTIC INDIAN MARBLE & GRANITE IMPORTS, INC.					
Principal Place of Business 5012 SW 167TH AVENUE MIRAMAR, FL 33027			Mailing Address 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent ADAMS, GERALD 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004				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				FL	
Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMAKRISHNA, JOHN		NAME		
STREET ADDRESS	5012 SW 167TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMAKRISHNA, JOHN		NAME		
STREET ADDRESS	5012 SW 167TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 empowerments.					
SIGNATURE: 			Date: 4/25/05 954 Daytime Phone: 471-6105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		



04262005 Chg-P CR2E034 (10/03)

4. FEJ Number **20-1441563** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required