Sent By: RASKIN SHAH P.A.; 321 269 6677; Jul-1

FILED
Jul 11, 2005 8:00 am
Secretary of State
06-08-2005 90004 018 ***150.00
07-11-2005 90123 036 ***150.00

14018515

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000007654

1. Entity Name
R & M UNITED, INC.

Principal Place of Business
2570 S NOVA RD
SOUTH DAYTONA, FL 32119

Mailing Address
~~2570 S NOVA RD~~
~~SOUTH DAYTONA, FL 32119~~ US

07012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	6157 EQUINOX AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32182 Country: USA

4. FEI Number: 59-3161755 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHAH, RAJESH R
2570 S NOVA RD
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______________________________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SHAH, RAJESH R	
STREET ADDRESS	2570 S NOVA RD	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	D	☐ Delete
NAME	SHAH, MANDAKINIBEN R	
STREET ADDRESS	2570 S NOVA RD	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: (X) [signature] 06-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #