


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043362 1. Entity Name K & A UNITED INC	
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Principal Place of Business 6310 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 US	Mailing Address 6310 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0582337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULAIMAN, HAROON
430 S. DIXIE HWY.
LAKE WORTH, FL 33460

**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 terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000019849
01/29/04-80042-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULAIMAN, HAROON
STREET ADDRESS	4469 S CONGRESS AVENUE, #112
CITY - ST - ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	SULAIMAN, AZIZA
STREET ADDRESS	4325 S MARY CIR
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	ALIKHAN, MASOOD
STREET ADDRESS	7549 BRUNSON CIRCLE
CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	KHAN, AYESHA
STREET ADDRESS	13 MIDWAY CT
CITY - ST - ZIP	BENSENVILLE, IL 60106
TITLE	D
NAME	AHMED, KAZI
STREET ADDRESS	7549 BRUNSON CIRCLE
CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	AHMED, KAUSAR A
STREET ADDRESS	4339 ROYAL BANYAN WAY
CITY - ST - ZIP	LAKEWORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 #

1/29/04 (36) 969-0042