

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000006156**



1. Entity Name

N.K.M. CORPORATION, INC.

Principal Place of Business

1501 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

Mailing Address

1501 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0727479**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TEMKIN, RONALD E  
1501 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE: PRES  
NAME: MAISURIA, KISHOR ☐ Delete  
STREET ADDRESS: 1501 S. FED HWY  
CITY- ST- ZIP: HOLLYWOOD FL 33020

TITLE: W PR  
NAME: GANDHI, SANJAY K ☐ Delete  
STREET ADDRESS: 1750 MAYO STREET  
CITY- ST- ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
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CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: **U00000594317**  
STREET ADDRESS: **01/22/07-80067-005 150.00**  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KISHOR B MAISURIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 (954) 922-5376  
Date Daytime Phone #