2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028721

1. Entity Name
KINKUN, INC.

Principal Place of Business	Mailing Address
4125 CLEVELAND AVE	4125 CLEVELAND AVE
STE 91	STE 91
FORT MYERS FL 33901	FORT MYERS FL 33901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3507730** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHASHIKANT, PATEL	Name: SHASHIKANT PATEL
600 STARKEY RD	Street Address (P.O. Box Number is Not Acceptable)
APT #913	600 STARKEY RD., APT. #913
CLEARWATER FL 3374	City LARGO FL Zip Code 33771

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
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SP NAME PATEL, NILESH STREET ADDRESS 5321 SUMMERLIN RD, APT #8 CITY-ST-ZIP FORT MYERS FL 33919	☐ Delete	TITLE SP NAME PATEL, NILESH STREET ADDRESS 5305 SUMMERLIN RD., APT. #13 CITY-ST-ZIP FORT MYERS, FL 33919	☒ Change ☐ Addition
TITLE VT NAME PATEL, GITA STREET ADDRESS 5321 SUMMERLIN RD, APT #8 CITY-ST-ZIP FORT MYERS FL 33919	☐ Delete	TITLE VT NAME PATEL, GITA STREET ADDRESS 5305 SUMMERLIN RD, APT. #13 CITY-ST-ZIP FORT MYERS, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: NILESH PATEL   4/8/03   (239) 939-3474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #