


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-25-2007 90028 041 \*\*\*158.75

DOCUMENT # P01000097156 1. Entity Name SNK ENTERPRISES INC.	
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Principal Place of Business 3247 EMERSON STREET JACKSONVILLE, FL 32207	Mailing Address 3886 BIGGIN CHURCH RD JACKSONVILLE, FL 32224
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**DO NOT WRITE IN THIS SPACE**

05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3610540	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAIK, NARENDRA  
3247 EMERSON STREET  
JACKSONVILLE, FL 32207

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	PS NAIK, NARENDRA 3247 EMERSON STREET JACKSONVILLE, FL 32207
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **5/25/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #