


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # A93000000294

1. Entity Name
KP WATERWAY FOOD, LTD.



Principal Place of Business
11803 N.W. 13TH STREET
PEMBROKE PINES, FL 33026

Mailing Address
11803 N.W. 13TH STREET
PEMBROKE PINES, FL 33026


2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State
Zip Country

City & State
Zip Country

6. Name and Address of Current Registered Agent
THERATHANAKORN, WICHAI
1033 CEDAR FALLS DR.
FT. LAUDERDALE, FL 33327



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0932113

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

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 _____ DATE _____
Signature typed or printed name of registered agent and true if applicable

9. Capital Contributions as Shown on record \$90,000.00

10. Amount of Capital Contributions in FLORIDA to date

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	THERATHANAKORN, WICHAI	CITY- ST- ZIP	
STREET ADDRESS	1033 CEDAR FALLS DR.		
CITY- ST- ZIP	FT. LAUDERDALE, FL 33327		
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CITY- ST- ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ DATE: APR 12/04 DAYTIME PHONE #: 786 3938767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE