

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90027 046 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # J10858</b> 1. Entity Name <b>K &amp; N FOOD CORP.</b>					
Principal Place of Business <b>3618 LANTANA ROAD BAY 2</b> <b>LANTANA FL 33468-247</b> <b>US</b>			Mailing Address <b>7058 CATLINA ISLE DRIVE</b> <b>LAKE WORTH FL 33467</b> <b>US</b>		
2. Principal Place of Business <b>3644 LANTANA RD</b>		3. Mailing Address <b>7058 CATLINA ISLE DRIVE</b>			
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc.			
City & State <b>LANTANA - FLORIDA</b>		City & State		4. FEI Number <b>59-2678377</b>	
Zip <b>33462</b>		Country <b>WPB.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATEL, KANTI C.</b> <b>7058 CATLINA ISLE DRIVE</b> <b>LAKE WORTH FL 33467</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to: Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, KANTI C. 7058 CATLINA ISLE DRIVE LAKE WORTH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, NILBALA K. 7058 CATLINA ISLE DRIVE LAKE WORTH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: Kanti Patel</b>			<b>3-24-04 561-969-3481</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		