

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029622

Entity Name: HK FOOD INC.

FILED
Mar 02, 2004
Secretary of State

Current Principal Place of Business:

2662 N DIXIE HWY
WILTON MANORS, FL 33334

New Principal Place of Business:

3961 FLORIDA BLVD.
PALM BEACH GARDEN, FL 33410

Current Mailing Address:

2662 N DIXIE HWY
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 36-4526080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSSAIN, SHOWKAT
2662 N DIXIE HWY
WILTON MANORS, FL 33334

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOSSAIN, SHOWKAT
Address: 2662 N DIXIE HWY
City-St-Zip: WILTON MANORS, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: KHAN, SHAMEEM G
Address: 3070 MARTELLO DR
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOWKAT HOSSAIN

PRES

03/02/2004

Electronic Signature of Signing Officer or Director

Date