## **FILED**

Jan 13, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P96000010338

1. Entity Name

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01-13-2003 90756 001 \*\*\*450.00 KKG SNACK FOODS, INC. Principal Place of Business Mailing Address 3826 BRYN MAWR ST 3826 BRYN MAWR ST 22000847 SUITE 104 SUITE 104 ORLANDO FL 32808 ORLANDO FL 32808 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3358717 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name THARP, PHILIP A Street Address (P.O. Box Number is Not Acceptable) 1030 N. ORANGE AVE. SUITE 104 ORLANDO FL 32801 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 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Delete TITLE ☐ Addition TOUFAYAN-NARGIZIAN, KAREN NAME 9255 KENNEDY BLVD 175 RAILROAD AVE STREET ADDRESS NORTH BERGEN NJ CITY-ST-ZIP RIDGE FIELD 07657 Delete TITLE Change ☐ Addition TOUFAYAN, KRISTINE NAME 9255 KENNEDY BLVD 175 RALLROAD AVE STREET ADDRESS N BERGAN NJ---€ITY-ST-7IP. RIOVERIELO\_NJ \_ 0765-7 ☐ Delete TITLE Change Change ☐ Addition TOUFAYAN, GREGORY NAME 175 RAILRDAD AVE 2481 RIVERTREE CIR -STREET ADDRESS SANFORD FL RIPGERIELD NJ 07657 -CITY-ST-7(P ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

TITLE NAME **GTREET ADDRESS** CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP-TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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:

CR2E034 (10/02)