

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90068 025 \*\*\*150.00

**DOCUMENT # P96000041474**

1. Entity Name  
**SNACS, INC.**



Principal Place of Business  
**2705 SW 15TH AVE  
FORT LAUDERDALE, FL 33315**

Mailing Address  
**2705 SW 15TH AVE  
FORT LAUDERDALE, FL 33315**

**24040000**



**DO NOT WRITE IN THIS SPACE**

01172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0674306**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BERNSTEIN, STEVEN  
10122 NW 1ST MANOR  
CORAL SPRINGS, FL 33071**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	BERNSTEIN, STEVEN
STREET ADDRESS	10122 NW 1ST MANOR
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	P. <i>ARLENE</i>
NAME	BERNSTEIN, <del>ARLENE</del>
STREET ADDRESS	10122 NW 1ST MANOR
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	<del>BERNSTEIN, ARLENE</del>
NAME	<del>BERNSTEIN, ARLENE</del>
STREET ADDRESS	<del>9930 NW 1ST MANOR</del>
CITY - ST - ZIP	<del>PALM BEACH, FL 33411</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:** *Steven Bernstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-18-04*  
Date

*954-524-6159*  
Daytime Phone #