


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000054737 1. Entity Name K AND N PARTNERS, INC.	
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Principal Place of Business 7501 NW 4TH ST, SUITE 107 PLANTATION, FL 33317	Mailing Address 7501 NW 4TH ST, SUITE 107 PLANTATION, FL 33317
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01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0691583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KETT, KATHERINE M 7501 NW 4TH ST, SUITE 107 PLANTATION, FL 33317

**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 NAME STREET ADDRESS CITY - ST - ZIP	D NEVEL, SAM B 6401 SW 87TH AVE, SUITE 107 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEVEL, MIKE 6401 SW 87TH AVE, SUITE 107 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KETT, FRANCIS X 7501 NW 4TH ST, SUITE 107 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KETT, KATHERINE M 7501 NW 4TH ST, SUITE 107 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/27/04-80037-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katherine M. Kett KATH 2/25/04 954-584-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #