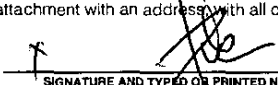


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-22-2004 90002 006 \*\*\*150.00

<b>DOCUMENT # P99000103616</b> 1. Entity Name <b>SNK FOOD, INC.</b>			
Principal Place of Business <b>331 W SILVER STAR ROAD OCOE, FL 34761</b>		Mailing Address <b>331 W SILVER STAR ROAD OCOE, FL 34761</b>	
2. Principal Place of Business <b>362 HAWTHORNE HILL PL.</b> Suite, Apt. #, etc. <b>APT # 203</b> City & State <b>ORLANDO FL</b> Zip <b>32835</b>		3. Mailing Address <b>362 HAWTHORNE HILL PL.</b> Suite, Apt. #, etc. <b>APT # 203</b> City & State <b>ORLANDO FL</b> Zip <b>32835</b>	
4. FEI Number <b>59-3611208</b>		Applied For <input type="checkbox"/> Not Applicable	
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, PARESH 331 W SILVER STAR ROAD OCOE, FL 34761</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 \$550.00 Due by September 8, 2004</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	PTSD PATEL, PARESH 700 S BLUE FORD ROAD OCOE, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		06/11/04 (407) - 656 1511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**54058440**



06102004 Chg-P CR2E034 (10/03)

Attachment

54058440

By Certified Mail

SNK FOOD, INC.  
362 HAWTHORNE HILL PLACE APT #203  
ORLANDO, FL 32835

JUNE 10, 2004

Secretary of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee Fl 32314

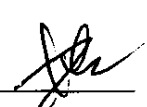
Ref:- Document #P99000103616  
EIN:-59-3611208  
Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned PATEL PARESH, President of SNK FOOD, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail and/or delivered back to you, which was not forwarded to us due to change of address. Unfortunatley, I never realized that I did not pay the annual filing fee for 2004 as I did not received the Filing Form for the year 2004. I made a mistake due to lack of knowledge and information & unavoidable circmstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.  
Sincerely,

X   
(PATEL PARESH)

encl:- as above Ck of \$150