

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 10, 2004  
Secretary of State**

DOCUMENT# N01000007211

Entity Name: KING'S TEMPLE A.G., INC.

**Current Principal Place of Business:**

9213 DAVIS RD  
TEMPLE TERRACE, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

9817 MORRIS GLEN WAY  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

FEI Number: 27-0003110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, JOSEPH M  
9817 MORRIS GLEN WAY  
TEMPLE TERRACE, FL 33637

**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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MENDEZ, JOSEPH M  
Address: 9817 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: TD ( ) Delete  
Name: PEREZ, MAGDA  
Address: 9817 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: SD ( ) Delete  
Name: MENDEZ, ANNA R  
Address: 9817 MORRIS GLEN WAY  
City-St-Zip: TAMPA, FL 33637

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: ROJAS, RINA  
Address: 9817 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RINA ROJAS

TD

05/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date