


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 039 ***150.00

DOCUMENT # P00000059490

1. Entity Name
 LION KING ELECTRIC COOL, INC.



Principal Place of Business 1701 SW 92ND PLACE MIAMI, FL 33165	Mailing Address 1701 SW 92ND PLACE MIAMI, FL 33165
--	--

2. Principal Place of Business <i>4011 W. FLAGLER STREET</i>	3. Mailing Address <i>19811 SW 182 AVENUE</i>
Suite, Apt. #, etc. <i>404</i>	Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI, FLORIDA</i>
---------------------------------------	---------------------------------------

4. FEI Number 65-1018743	Applied For Not Applicable
-----------------------------	-------------------------------

Zip <i>33134</i>	Country <i>MIAMI-DADE</i>	Zip <i>33177</i>	Country <i>MIAMI DADE</i>
---------------------	------------------------------	---------------------	------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

GONZALEZ, LEONEL
 11241 SW 48 STREET
 MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
19811 SW 182 AVENUE

City *MIAMI* FL Zip Code *33177*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P GONZALEZ, LEONEL 1701 SW 92ND PLACE MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDEZ, LAZARO R 8729 NW 188 LANE HIALEAH, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABRADOR, ANASSIS 11248 SW 48 STREET MIAMI, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE: _____ DAYTIME PHONE #: *786-417-0803*