

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 022 ***150.00

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1. Entity Name
LION KING ELECTRIC COOL, INC.



20044129

Principal Place of Business
4011 W FLAGLER STREET
404
MIAMI, FL 33134

Mailing Address
19811 SW 122 AVE
MIAMI, FL 33177



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
65-1018743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, LEONEL
19811 SW 122 AVE
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, LEONEL	
STREET ADDRESS	19811 SW 122 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDEZ, LAZARO R	
STREET ADDRESS	8729 NW 188 LANE	
CITY-ST-ZIP	HIALEAH, FL 33165	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LABRADOR, ONASIS	
STREET ADDRESS	552 SW 78 CT	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRITO, ERNESTO	
STREET ADDRESS	19811 SW 122 AVE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4/30/06** **786-202-4994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #