2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90308 002 ***150.00

DOCUMENT # P02000061679

1. Entity Name
CROWNED KING, INC.

Principal Place of Business	Mailing Address
925 N. STATE RD. 7 HOLLYWOOD FL 33021	925 N. STATE RD. 7 HOLLYWOOD FL 33021

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
625 N. State Rd. 7	625 N. State Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: Broward	Zip: 33021 Country: Broward

4. FEI Number: 37-1431927 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

~~A1A CORPORATE SERVICES INC.~~
218 SOUTHERN COUNTRY LN
~~QUINCY FL 32351~~

7. Name and Address of New Registered Agent

Name: SOUREN AVAKIANTS
Street Address (P.O. Box Number is Not Acceptable): 625 N. State Rd. 7
City: Hollywood FL Zip Code: 33021

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 _____ 01/23/03 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AVAKIANTS, SOUREN 8830 ROYAL PALM BLVD #202 CORAL SPRINGS FL 33065	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)