## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

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## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000090251** 04-19-2004 90722 016 \*\*\*150.00 KING QUALITY AND DESIGN, INC. Principal Place of Business Mailing Address **44007085** 3363 DAVIE BLVD. 3363 DAVIE BLVD. #A302 #A302 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 340 SIN 3 340 Suite, Apt. #. etc 01272004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING BIENVENIDO 3363 DAVIE BLVD. Street Address (P.O. Box Number is Not Acceptable) #A302 FORT LAUDERDALE, FL 33312 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 the obligations of registered agent Signature, typed or printed name 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ■ Addition Delete King, Bienvenido Apt. # A-8 NAME KING, BIENVENIDO NAME 3363 DAVIE BLVD. #A302 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP TITLE. ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Thereby 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.

**FILED**