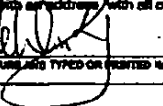


FILED
May 25, 2007 8:00 am
Secretary of State

4/

04-30-2007 90465 023 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000077736			
1. Entity Name KING & QUEEN CO			
Principal Place of Business 2640 S. BAYSHORE DR MIAMI, FL 33133		Mailing Address 6150 BIRD ROAD C-10 MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 2640 S. BAYSHORE DR		3. Mailing Address 6150 BIRD ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # C-10	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country	Zip 33155	Country
4. FEI Number 06-1784827		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAING, YE WIN 6150 BIRD ROAD C-10 MIAMI, FL 33155		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 		PRESIDENT 04/18/07 DATE	
FILE NUMBER FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P NAING, YE WIN 6150 BIRD ROAD C-10 MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YIN, HAN SU 6150 BIRD ROAD C-10 MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 address with all other like empowered.			
SIGNATURE: 		PRESIDENT 04/18/07 (786) 543-8681 DATE	

66016822



04182007 Chg-P CR2E034 (12/08)