2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL I	REPORT (AR)						
DOCUMENT # 725323 1. Entity Name					APPROVE			
THE KING-A CONDOMINIUM ASSOCIATION, INC.					OL DEC 13 P	¥ 2: 06		
Principal Place of Business		Mailing Address			OF DEC 13	מירים מירים		
101 S.W. 9TH STREET SUITE 3B MIAMI FL 33130 US		4445 WEST 16 AVE SUITE 308 HIALEAH FL 33012 US			EINSTATAS A A HASSE	STATE FLORIDA	<i>04</i>	- M
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE	CR2E037	<u> </u>	
City & State		City & State			4. FEI Number 65-0122	144	}	Applicable
Zip	Country	Zip .	Country		5. Certificate of Status Desire	₹u □, È	8.75 Addi ee Required	
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Address of Ne	w Registered A	gent	
BOONE, RICHARD J				Street Address (P.O. Box Number is Not Acceptable)				
101 SW 9TH ST STE 4-C								
MIAMI FL 33130			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. RILLIAND J. BOONE . PRESIDENT								
SIGNATURE FOR KWG COUDD ASSOC, INC. 11.8.04								
Signature, typed or printed nume of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the printed number of registared agent and title if applicable.								
					\$5.00 May Be Added to Fees F	Make Check lorida Depart		
10.	OFFICERS AND		11.	,	ADDITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	PD BOONE, RICHARD J 101 SW 9TH STREET, 4-C MIAMI FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		9000420 11/12/0401060	59818)011 **	G Change 61.25	Addition
TITLE	TD HAMENEZ ADA	☐ Delete	TITLE		***************************************		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JIMENEZ, ADA 6365 S.W. 35TH STREET MIAMI FL 33163		NAME STREET ADDRESS CITY+ST-ZIP		9000426 12/15/0401051	59818 015 **	9 175.00	
TITLE	SD RUEDA, MELIDA	☐ Delete	TITLE			· ————	Change	☐ Addition
NAME STREET ADDRESS	210 N.W. 51ST AVENUE		NAME STREET ADDRESS	٠.				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP					_
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME STREET ADDRESS	,		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied	with this filing does not qualify for	the exemption state	ted in Se	ection 119.07(3)(i), Florida Stat	utes. I further cer	ify that the i	ntormation

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.7(3)(1), 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 receiper or trusted empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desprise Phone #