

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372059

Entity Name: L.M. KING, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

6923 W FLAGLER ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6923 W FLAGLER ST
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-1634425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, MYRON L
6923 W FLAGLER STREET
MIAMI FL, FL 33134 US

Name and Address of New Registered Agent:

KING, MYRON L
6923 W FLAGLER STREET
MIAMI, FL 33134 US

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.

SIGNATURE:

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KING, MARTHA A
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: KING, CAMERON R
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL

Title: PTD () Delete
Name: KING, MYRON L
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KING, MARTHA A
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: KING, CAMERON R
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: PTD (X) Change () Addition
Name: KING, MYRON L
Address: 6923 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON KING

PTD

03/02/2009

Electronic Signature of Signing Officer or Director

Date