

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 451457

1. Entity Name

KING PUMPS, INC.



FILED
Mar 31 2006 08:00 AM
Secretary of State
7/6/0

Principal Place of Business

253 NORTHWEST 54 STREET
MIAMI FL 33127-1799
US

Mailing Address

253 NORTHWEST 54 STREET
MIAMI FL 33127-1799
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1561473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, SANTIAGO E.
253 N.W. 54TH STREET
MIAMI FL 33127-1799

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE	ST	☐ Delete
NAME	MIRANDA, SYLVIA F	
STREET ADDRESS	13340 SW 103 TERRACE	
CITY-STATE-ZIP	MIAMI FL 33186-2840	
TITLE	P	☐ Delete
NAME	MIRANDA, SANTIAGO E	
STREET ADDRESS	13340 SW 103 TERRACE	
CITY-STATE-ZIP	MIAMI FL 33186-2840	
TITLE	V	☐ Delete
NAME	MIRANDA, ALVARO E	
STREET ADDRESS	1940 SW 32 COURT	
CITY-STATE-ZIP	MIAMI FL 33145-2260	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000487553
04/13/06-80081-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/06