

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 451457
 1. Entity Name
 KING PUMPS, INC.



FILED
Jun 20, 2008 08:00 AM
 Secretary of State

Principal Place of Business Mailing Address

253 NORTHWEST 54 STREET 253 NORTHWEST 54 STREET
 MIAMI, FL 33127-1799 US MIAMI, FL 33127-1799 US



06172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1561473 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MIRANDA, SYLVIA F
STREET ADDRESS	13340 SW 103 TERRACE
CITY-ST-ZIP	MIAMI, FL 331862840
TITLE	P
NAME	MIRANDA, SANTIAGO E
STREET ADDRESS	13340 SW 103 TERRACE
CITY-ST-ZIP	MIAMI, FL 331862840
TITLE	V
NAME	MIRANDA, ALVARO E
STREET ADDRESS	1940 SW 32 COURT
CITY-ST-ZIP	MIAMI, FL 331452260
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000953297
 06/20/08-80002-009 550.00

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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 an address, with all other like empowered.

SIGNATURE: S. E. Miranda S.E. MIRANDA 6/17/08 305/254-0672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #