


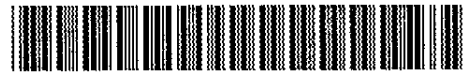
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 505492
 1. Entity Name
KING'S COURTS TENNIS CLUB, INC.



Principal Place of Business: **8901 S.W. 168 STREET MIAMI FL 33157**
 Mailing Address: **8901 S.W. 168 STREET MIAMI FL 33157**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-1697860**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JERRY
8361 SW 165 TERR
MIAMI FL 33157

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

B. 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 \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **TD** Delete
 NAME: **MOORE, JOHN**
 STREET ADDRESS: **16625 SW 91 AVE**
 CITY - ST - ZIP: **MIAMI, FL 00000**

Change Addition
000000023689
02/02/04-80035-024 150.00

TITLE: **SD** Delete
 NAME: **MOORE, BEVERLY**
 STREET ADDRESS: **8361 SW 165 TERR**
 CITY - ST - ZIP: **MIAMI, FL 00000**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: **PD** Delete
 NAME: **MOORE, JERRY**
 STREET ADDRESS: **8361 SW 165 TERR**
 CITY - ST - ZIP: **MIAMI, FL 00000**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jerry Moore (JERRY MOORE) 1/29/04 305-253-6537