

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 624692**

1. Entity Name  
**KING PRODUCTS INC.**



**FILED**

**07 SEP 17 PM 1:17**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09132007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1981487** Applied For  
Not Applicable

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

2. Principal Place of Business - No P.O. Box #

**650 E. 29 ST.**

Suite, Apt. #, etc.

**HIALEAH**

City & State

Zip **33013**

Country **USA**

3. Mailing Address

**P.O. Box 22651**

Suite, Apt. #, etc.

**HIALEAH**

City & State

Zip **33002**

Country **USA**

6. Name and Address of Current Registered Agent

**RUIZ, BARTOLOME**  
**650 E. 29 ST.**  
**HIALEAH, FL 33013**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RUIZ, BARTOLOME</b>	
STREET ADDRESS	<b>650 E. 29 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RUIZ, BARTOLO</b>	
STREET ADDRESS	<b>650 E. 20 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>MAGDA, RUIZ</b>	
STREET ADDRESS	<b>650 EAST 29 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>MATTERO, SONIA</b>	
STREET ADDRESS	<b>650 EAST 29 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000109873860**  
**09/25/07--01013--026 \*\*150.00**

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:

*B. Ruiz C.*

**BARTOLOME RUIZ**  
**PRESIDENT**

**09/14/07 305-821-1076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #