

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90095 045 ***150.00

DOCUMENT # 658637	
1. Entity Name KINGS GARDENS HOMES, INC.	



Principal Place of Business 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181	Mailing Address 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16855 NE 2nd Ave # 301	
City & State		City & State North Miami Beach, FL	
Zip	Country	Zip	Country
		33162	USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent ROSEN, ERROL 11900 BISCAYNE BLVD SUITE 802 MIAMI FL 33181		7. Name and Address of New Registered Agent Name ROSEN, ERROL Street Address (P.O. Box Number is Not Acceptable) 7 Island Ave # 1605 City MIAMI BEACH FL Zip Code 33139	
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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 **ERROL ROSEN** DATE **2/24/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPELOW, PAUL 11900 BISCAYNE BLVD MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPELOW, PAUL 16855 NE 2nd Ave #301 North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV ROSEN, ERROL 11900 BISCAYNE BLVD., #802 MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV ROSEN, ERROL 16855 NE 2nd Ave #301 North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, PETER 11900 BISCAYNE BLVD., #802 MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, PETER 16855 NE 2nd Ave #301 North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(i), 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: **ERROL ROSEN, Vice President** DATE: **2/24/05** DAYTIME PHONE: **305-892-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR