
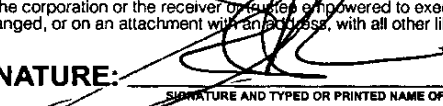


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90176 022 ***150.00

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DOCUMENT # 658637			
1. Entity Name KINGS GARDENS HOMES, INC.			
Principal Place of Business 11900 BISCAYNE BLVD. STE 802 MIAMI, FL 33181		Mailing Address 16855 NE 2ND AVE MIAMI, FL 33162	
2. Principal Place of Business PO Box 398895		3. Mailing Address PO Box 398895	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33239	Country USA	Zip 33239	Country USA
4. FEI Number 59-1979846		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, ERROL 9 ISLAND AVE #1605 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KAPELOW, PAUL 16855 NE 2ND AVE #301 MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 398895 MIAMI BEACH, FL 33239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV ROSER, ERROL 16855 NE 2ND AVE #301 MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 398895 MIAMI BEACH, FL 33239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, PETER 16855 NE 2ND AVE #301 MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 398895 MIAMI BEACH, FL 33239
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		ERROL ROSEN VICE PRESIDENT 4/18/06 305-531-2723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	