


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

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



Principal Place of Business <b>POB 398895          MIAMI BEACH, FL 33239</b>	Mailing Address <b>POB 398895          MIAMI BEACH, FL 33239</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1979846</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSEN, ERROL  
 9 ISLAND AVE #1605  
 MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPELOW, PAUL POB 398895 MIAMI BEACH, FL 33239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV ROSER, ERROL POB 398895 MIAMI BEACH, FL 33239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, PETER 398895 MIAMI BEACH, FL 33239
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 04/20/07-80037-016 150.00

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 reports 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 a business, with all other like empowered.

**SIGNATURE:** *ERROL ROSEN VP* **4/10/07 305-531-2723**

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