


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 725323

1. Entity Name
THE KING-A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address


101 S.W. 9TH STREET 4445 WEST 16 AVE
 SUITE 3B SUITE 308
 MIAMI FL 33130 HIALEAH FL 33012
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

APPROVED AND FILED
 04 DEC 13 PM 2:06
REINSTATEMENT
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA 04

 MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BOONE, RICHARD J
 101 SW 9TH ST
 STE 4-C
 MIAMI FL 33130

4. FEI Number Applied For

65-0122144 Not Applicable

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

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: *Richard J. Boone* **RICHARD J. BOONE, PRESIDENT**
 FOR KING CONDO ASSOC. INC. 11.8.04

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOONE, RICHARD J 101 SW 9TH STREET, 4-C MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042698189 11/12/04--01060--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, ADA 6365 S.W. 35TH STREET MIAMI FL 33163 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042698189 12/15/04--01051--015 **\$175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUEDA, MELIDA 210 N.W. 51ST AVENUE MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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 617, 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: *Richard J. Boone* **RICHARD J. BOONE, PRESIDENT**
 FOR KING CONDO ASSOC. INC. 11.8.04 305 854.8848

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