

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90038 038 \*\*\*\*61.25

**DOCUMENT # 725323**  
 1. Entity Name  
**THE KING-A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **101 S.W. 9TH STREET SUITE 3B MIAMI FL 33130 US**  
 Mailing Address: **4445 WEST 16 AVE SUITE 308 HIALEAH FL 33012 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Country Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **65-0122144**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **BOONE, RICHARD J 101 SW 9TH ST STE 4-C MIAMI FL 33130**  
 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**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 DATE: **3-9-2005**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005  
 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: PD NAME: BOONE, RICHARD J STREET ADDRESS: 101 SW 9TH STREET, 4-C CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: JIMENEZ, ADA STREET ADDRESS: 6365 S.W. 35TH STREET CITY-ST-ZIP: MIAMI FL 33163	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RUEDA, MELIDA STREET ADDRESS: 210 N.W. 51ST AVENUE CITY-ST-ZIP: MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: RUEDA, MELIDA STREET ADDRESS: 210 NW 51st Ave CITY-ST-ZIP: MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: SUAREZ, CESAR STREET ADDRESS: 2040 S.W 123rd Ct CITY-ST-ZIP: MIAMI, FL. 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: SOCORRO, CIOMARA STREET ADDRESS: 1967 S.W 24 Terr CITY-ST-ZIP: MIAMI, FL. 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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**  
 Signature and typed or printed name of signing officer or director  
 Date: **3-9-2005** Daytime Phone #: **305) 923-1209**