


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Feb 14, 2008 08:00 AM
Secretary of State**

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



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



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **65-0122144** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, OSCAR J
101 SW 9TH ST
#3-A
MIAMI FL 33130

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 *[Signature]* DATE **2/1/8**
Signature, typed or printed name of registered agent and title (optional). (NOTE: Registered Agent signature is required when reappointing)

FILE NOW: FEE IS: \$61.25
Due By May 1, 2008

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		
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, OSCAR J	
STREET ADDRESS	101 S.W. 9TH STREET, #3-A	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	T	<input type="checkbox"/> Delete
NAME	BODE, BERTHA	
STREET ADDRESS	101 S.W. 9TH STREET, #3-C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROSA	
STREET ADDRESS	101 S.W. 9TH STREET, #4-A	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000820122
02/22/08-80017-020 61.25

**RECEIVED
FEB 11 2008
CIU REV/ADM**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *[Signature]* Oscar J Martinez 2/1/8 786-346-6684