

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90023 020 \*\*\*150.00

**DOCUMENT # F48069**

1. Entity Name

**KING OAK INVESTMENT CORPORATION**



Principal Place of Business

~~1170 S.W. 18TH STREET~~  
~~MIAMI FL 33129-2536~~

Mailing Address

P.O. BOX 450-427  
MIAMI FL 33245

2. Principal Place of Business

*2498 SW 17th Ave*

3. Mailing Address

*The same*



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

*Apt. 4103*

Suite, Apt. #, etc.

City & State

*Miami FL*

City & State

Zip

*33145-3844*

Country

*USA*

Zip

Country

4. FEI Number

**59-2207727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FARRES, MARTA**  
**1170 S.W. 18 STREET**  
**MIAMI FL 33129-2536**

7. Name and Address of New Registered Agent

Name

*SAME*

Street Address (P.O. Box Number Not Acceptable)

*2498 SW 17th Ave #4103*

City

*Miami*

FL

Zip Code

*33145*

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP**  
**GABALDON, AGUSTIN**  
**605 OAKS DR #909**  
**POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VS**  
**GABALDON, JUAN JOSE JAVI**  
**605 OAKS DR #909**  
**POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT**  
**GABALDON, AIDA RODRIGUEZ**  
**605 OAKS DR #909**  
**POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V**  
**GABALDON, FABRICIO**  
**605 OAKS DR #909**  
**POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

*Agustin Gabaldon*

*Agustin Gabaldon D/P 02/15/04*

*(305) 858-3363*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #