## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F48069

Title:

Name:

Address:

City-St-Zip:

Entity Name: KING OAK INVESTMENT CORPORATION

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11111 BISCAYNE BLVD. SUITE. 3-351 MIAMI, FL 33181				605 OAKS DRIVE 909 POMPANO BEACH, FL 33069			
Current Mailing Address:				New Mailing Address:			
11111 BISCAYNE BLVD. SUITE 3-351 MIAMI, FL 3-351				11111 BISCAYNE BLVD. SUITE 3-351 MIAMI, FL 33181			
FEI Number:	59-2207727	FEI Number Applied For ( )	FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GABALDON 11111 BISC SUITE 3-35 MIAMI, FL	ÁYNE BLVD. 1						
The above in the State		bmits this statement for the pur	rpose of	changing it	s registered of	fice or registered agen	t, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing 1	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () C GABALDON, AGU 605 OAKS DRIVE POMPANO BEAC	: UNIT 909		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS () C GABALDON, NINN 11111 BISCAYNE MIAMI, FL 33181	BLVD.		Title: Name: Address: City-St-Zip:	VS (X) GABALDON, NIN 602 OAKS DRIV POMPANO BEA	E UNIT 909	
Title: Name: Address: City-St-Zip:	VT () C GABALDON, AIDA 605 OAKS DR #9 POMPANO BEAC	09		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GABALDON NINNELLA VS 04/25/2006

() Delete

POMPANO BEACH, FL 33069

GABALDON, FABRICIO

605 OAKS DR #909

() Change () Addition