


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90028 007 ***550.00

DOCUMENT # E72180		
1. Entity Name KING & ASSOCIATES OF MIAMI, INC.		

Principal Place of Business 4111 N.W. 22ND AVE. MIAMI FL 33142	Mailing Address 4111 N.W. 22ND AVE. MIAMI FL 33142
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2. Principal Place of Business		3. Mailing Address 5044 S.W. 139th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miramar, Fla.	
Zip	Country	Zip 33027	Country Broward

2nd MOORE CR2E034 (5/05)

4. FEI Number 59-2178203		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COATS, JACQUELYN 5250 NW 186 LANE MIAMI FL 33015		
7. Name and Address of New Registered Agent Name Coats, Jacquelyn Street Address (P.O. Box Number is Not Acceptable) 5044 S.W. 139th Ave City Miramar FL Zip Code 33027		

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KING, MALVESE 18725 NW 62ND AVE., STE. 207 MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS King Malvese 5044 S.W. 139th Ave Miramar, Fla. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COATS, JACQUELYN KING 5250 NW 186 LANE MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jacquelyn King Coats 5044 S.W. 139th Ave Miramar, Fla. 33027 <input checked="" 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
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 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: **Jacquelyn King Coats - Jacquelyn King Coats - 8/30/05 - (305) 634-3673**

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