

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G08675

1. Entity Name
KINGSTON-MIAMI TRADING COMPANY



Principal Place of Business
**1465 NW 21ST TERR.
MIAMI, FL 33142 US**

Mailing Address
**1465 NW 21ST TERR
MIAMI, FL 33142 US**



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2233518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, KENNETH M
1110 BRICKELL AVE
7TH FLOOR
MIAMI, FL 33131-3107**

**DO NOT WRITE
IN THIS SPACE**

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 qualifications of, registered agent.

SIGNATURE

Signature, which is 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1000000645220
03/02/07-80075-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CEOS
CHA FONG, CHRISTINE Y
2179 NW 73RD TERRACE
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
CHA FONG, PATRICK A
2179 NW 73 RD TERRACE
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information provided 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:

Christine Y. Cha Fong **CHRISTINE Y. CHA FONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

Daytime Phone