



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # K29091 1. Entity Name THE KING AND I SERVICE, INC.	
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Principal Place of Business 12611 SW 9TH TERRACE MIAMI, FL 33184-2332 US	Mailing Address P.O. BOX 441601 MIAMI, FL 33144-1601 US
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DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0064916	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 MORA, MICHAEL J 8285 N.W. 64 STREET SUITE 7 MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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 _____

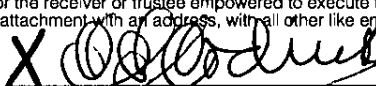
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CODINA, EUGENIO E., JR. 12611 SOUTHWEST 9TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORDINA, EUGENIO E 12611 SW 9TH TERR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CODINA, EUGENIO E 12611 SW 9TH ST MIAMI, FL 33184
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**DO NOT WRITE
IN THIS SPACE**

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04/13/07-80016-016 150.00

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 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:  **1/26/07 305-553-3879**

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