

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K29091

1. Entity Name
THE KING AND I SERVICE, INC.



Principal Place of Business
12611 SW 9TH TERRACE
MIAMI, FL 33184-2332 US

Mailing Address
P.O. BOX 441601
MIAMI, FL 33144-1601 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

941 W. 50 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah, FL

Zip

Zip
33012

Country
USA

4. FEI Number

65-0064916

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

7. Name and Address of New Registered Agent

Name
NIEVES M. LOSA

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

941 West 50 Street

City

Hialeah

FL

Zip Code

33012

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)

1/29/2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CODINA, EUGENIO E., JR. 12611 SOUTHWEST 9TH TERR MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIEVES M. LOSA 941 West 50 Street Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORDINA, EUGENIO E 12611 SW 9TH TERR MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUSTO LUIS LOSA 941 West 50 St. Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 2015533879
Date Daytime Phone #