


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90023 001 \*\*\*150.00  
02-05-2008 90023 002 \*\*\*\*\*8.75

<b>DOCUMENT # K29091</b>	
1. Entity Name <b>THE KING AND I SERVICE, INC.</b>	

Principal Place of Business <b>12611 SW 9TH TERRACE MIAMI, FL 33184-2332 US</b>	Mailing Address <b>P.O. BOX 441601 MIAMI, FL 33144-1601 US</b>
--	---

66000633



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>941 W. 50 Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Hialeah, FL</b>	
Zip	Country	Zip	Country
<b>33012</b>		<b>33012</b>	<b>USA</b>

01042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0064916</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MORA, MICHAEL J 8285 N.W. 64 STREET SUITE 7 MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent
		Name <b>NIEVES M. LOSA</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>941 West 50 Street</b>
		City <b>Hialeah</b>
		FL Zip Code <b>33012</b>

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 *Michael J Mora* (NOTE: Registered Agent signature required when reinstating) DATE *1/29/2008*

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

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	<b>NIEVES M. LOSA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>941 West 50 Street</b> <b>Hialeah, FL 33012</b> <b>Director</b>
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	<b>Justo Luis LOSA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>941 West 50 St.</b> <b>Hialeah, FL 33012</b> <b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CODINA, EUGENIO E 12611 SW 9TH ST MIAMI, FL 33184 <input checked="" 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 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: *Michael J Mora* *Nieves M. Losa* *1/29/08* *(305) 553-3879*

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