


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M45464 1. Entity Name KING'S TREASURE TOBACCO COMPANY	
--	---

Principal Place of Business 401 BISCAYNE BLVD. S-142 MIAMI, FL 33132 US	Mailing Address 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-1649
---	--

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2776045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, MANUEL 343 CENTER ISLAND DR. GOLDEN BEACH, FL 33160
--

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 obligations of registered agent.

SIGNATURE: _____
Signature, typed or 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERNANDEZ, MANUEL 343 CENTER ISLAND DR. GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, BONNIE 343 CENTER ISLAND DR. GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MANUEL SR. 343 CENTER ISLAND DR. GOLDEN BCH., FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000080331 03/08/04-80104-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Manuel Hernandez** 2/12/04 305-374-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #