

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004268

FILED  
Feb 14, 2007  
Secretary of State

**Entity Name:** KING OF KINGS MINISTRY, INC.

**Current Principal Place of Business:**

6620 WEST 2ND CT. #401  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 126820  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 65-1022171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LORENZO, RODOLFO  
6620 WEST 2ND CT. #401  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LORENZO, RODOLFO  
Address: 6620 WEST 2ND CT. #401  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: LORENZO, LIBRADA  
Address: 6620 WEST 2ND CT. #401  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: MCNICHOLAS, MARTHA  
Address: 12585 NW 10 CT  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCNICHOLAS, MARTHA  
Address: 6620 WEST 2ND CT. # 401  
City-St-Zip: HIALEAH, FL 331012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODOLFO LORENZO

D

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date