

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000408

FILED
Apr 10, 2009
Secretary of State

Entity Name: ROBERT KING HIGH COUNCIL, INC.

Current Principal Place of Business:

1403 NW 7TH ST., SUITE 112
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1403 NW 7TH ST., SUITE 112
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-3782746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPOS, MARIA T
1403 NW 7TH ST., SUITE. 120
MIAMI, FL 33125 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: PD () Delete
Name: CAMPOS, MARIA T PD
Address: 1403 NW 7TH ST., SUITE 112
City-St-Zip: MIAMI, FL 33125

Title: V () Delete
Name: SIMEON, JOSE L. V
Address: 1403 NW 7TH ST., SUITE. 112
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: PLA, LILLIAN TD
Address: 1403 NW 7TH ST., SUITE. 112
City-St-Zip: MIAMI, FL 33125

Title: RS () Delete
Name: CONTRERASI, ODALINDA D
Address: 1403 NW 7TH STREET SUITE 112
City-St-Zip: MIAMI, FL 33125

Title: CS () Delete
Name: JIMENEZ, NELLY D
Address: 1403 NW 7 TH STREET SUITE 112
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CONTRERAS, ODELINDA V
Address: 1403 NW 7TH ST., SUITE. 112
City-St-Zip: MIAMI, FL 33125

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

Title: RS (X) Change () Addition
Name: RODRIGUEZ, ALIC E D
Address: 1403 NW 7TH STREET SUITE 112
City-St-Zip: MIAMI, FL 33125

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

I hereby certify that the information supplied with this filing does not qualify 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: MARIA CAMPOS

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date