FILED Feb 25, 2008 8:00 am Secretary of State

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		ANNU	JAL	REF	PORT	

DOCUMENT # N0700001407 1. Entity Name KING DAVID BIKERS OF SOUTH FLORIDA, INC							02-25-2008	90053 01	[7 ****70.	.00	
Principal Plac 10542 LARE DELRAY BEA		i	10542 LAREII	Mailing Address 10542 LAREINA RD DELRAY BEACH, FL 33446							
2. Principal P	lace of Busines	s - No P.O. Box #	3. Mailing Addre	!SS							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02202008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FEI Number	4. FEI Number			plied For t Applicable	
Zip Country			Zip		Country	5. Certificate o	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name ar	nd Address of Current	Registered Agent			7. Name and A	ddress of New I	Registered	Agent		
5.54					Name						
EIDA, MAX- 10542 LAF DELRAY F	-	33446			Street Address (P.O. Box Number is Not Acceptable)						
BEE/G()	,,,,,,	00110									
					City			FL	Zip Code	э	
	named entity s lions of registere	ubmits this statement fo ed agent.	or the purpose of cha	anging its regi	istered office or req	gistered agent, or both	, in the State of F	lorida. I am	tamiliar with,	and accept	
SIGNATURE.	Signature, typed or p	printed name of registered agent	and title if applicable.	(NOTE: Reg	gistered Agent signature re	nautrari when rainstation		DATE	_		
Filing Fee is \$61.25 Due by May 1, 2008					Jisteres regent alginatere n	equired when remstating)		6 /1/C			
	_			ction Campai st Fund Contr	ign Financing	\$5.00 May Be Added to Fees		Make chec	k payable to tment of St		
10.	_		Tru	ction Campai ist Fund Contr	ign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make chec rida Depar	tment of St	ate	
10.	_	y 1, 2008	Tr. RECTORS	ection Campai ust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make chec rida Depar	tment of St	ate	
	Due by Ma	y 1, 2008	Tru	ection Campai ust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make chec rida Depar	tment of St	ate 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TR LASCHIVER P.O. BOX 91 BOCA RATO	OFFICERS AND DI R, ELIZABETH 71042 DN, FL 33497	Tr. RECTORS	ection Campai sust Fund Contr elete	ign Financing ribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Flo	Make chec rida Depar	tment of St	ate 10	
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