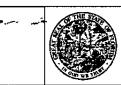
2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000002040

1. Entity Name

FRIENDS OF KING, INC.



FILED Mar 05, 2007 08:00 A Secretary of State

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE

SUITE 1400

COCONUT GROVE, FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE

SUITE 1400

COCONUT GROVE, FL 33133



01222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0832792

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINO, FRANK A ESQ./ 2601 SOUTH BAYSHORE DRIVE **SUITE 1400** COCONUT GROVE, FL 33133

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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.						
SIGNATURESignature, type	d or printed name of registered agent and title	e if applicable. (NOTE F	egistered Agent signat	ure required when reinstating)		DATE
		a Flanking Common or	F	AT 00	U0800065641	5

Filing Fee is \$61.25 Due by May 1, 2007 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

h3/14/h7-80024-016 61.25

OFFICERS AND DIRECTORS 10. TITLE D NAME RUBINO, FRANK A STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE RUBINO, ANN M STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME CRISTINA, MACHIN STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400 CITY-ST-ZIP COCONUT GROVE, FL 33133 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. Thereby 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 617, 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:

*201-838-53*00