


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90211 009 \*\*\*150.00

<b>DOCUMENT # P00000006015</b>		
1. Entity Name <b>FRANK KING JEWELERS, INC.</b>		

Principal Place of Business <b>6385 SHERIDAN ST. HOLLYWOOD, FL 33024</b>	Mailing Address <b>6385 SHERIDAN ST. HOLLYWOOD, FL 33024</b>
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2. Principal Place of Business - No P.O. Box # <b>6381 Sheridan St</b>	3. Mailing Address <b>6381 Sheridan St</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>

City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33024</b>	Zip <b>33024</b>
Country <b>USA</b>	Country <b>USA</b>



01092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1059366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>VALERIANO, FRANK 6850 SCOTT ST HOLLYWOOD, FL 33024</b>	
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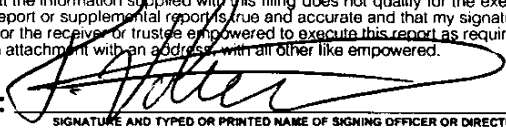
7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and fee is applicable.</small>	<b>Francisco Valeriano</b> <b>01/09/07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNE VALERIANO, FRANK 6850 SCOTT STREET HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VALERIANO, CAROLINA 6850 SCOTT STREET HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/9/07</b> <b>01/09/07</b> <b>(951) 600 1714</b> <small>Date Daytime Phone #</small>