


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000085272
 1. Entity Name
 KING KIOSK, INC.



Principal Place of Business
 1408 S W 8TH STREET
 POMPANO BEACH, FL 33069

Mailing Address
 1408 S W 8TH STREET
 POMPANO BEACH, FL 33069



03232005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 65-1038403

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERCHAY, ALLAN
 5300 N.W. 33 AVENUE
 SUITE 117
 FT. LAUDERDALE, FL 33309

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, GREGORY 1408 S W 8TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLINT, GERALD E 1408 SW 8TH STREET POMPANO BEACH, FL 33069
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-4-05 954-942-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #