2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2004 08:00 AM DOCUMENT # P00000091894 **Secretary of State** 1. Entity Name KINGS ESTATE, INC. Principal Place of Business Mailing Address P.O. BOX 2558 P.O. BOX 2558 PALM BEACH, FL 33408 PALM BEACH, FL 33408 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1048564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIOMEK, ZDZISLAW DO NOT WRITE 249 PERUVIAN AVENUE #F5 PALM BEACH, FL 33480 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and talk 4 applicable. (NOTE: Registered Agent signeture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000107577 - VU3/U4-80021 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CIOMEK, ZDZISLAW STREET ADDRESS P.O. BOX 2558 CITY-ST-ZP PALM BEACH, FL 33408 TITLE MARKET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-ZP IN THIS SPACE TITLE NAKEF STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CTTY-ST-ZP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CTTY-ST-ZIP

MONATURE AND TYPED OF PRINTED NAME OF MIGHING OFFICER OF DIRECTOR

4 (561)655-5533

FILED