2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # P01000099907 1. Entity Name 04-24-2008 90101 045 ***150.00 HONDA KINGS, INC. Principal Place of Business Mailing Address 13070 CAIRO LANE 13070 CAIRO LANE OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 65-1145023 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vargas, Angel GUZMAN, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 13070 Cairo Lane 13070 CAIRO LANE OPA LOCKA, FL 33054 Zip Code Opalocka 33054 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 register d agent. Vargas, Angel 2-28-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P & D K Change ☐ Addition TITLE ☐ Delete TITLE Vargas, Angel VARGAS, ANGEL NAME NAME 13070 Cairo Lane STREET ADDRESS 13070 CAIRO LANE STREET ADDRESS Opalocka, FL 33054 OPA LOCKA, FL 33054 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE S & D Abreu, Lorenzo NAME NAME STREET ADDRESS 13070 Cairo Lane STREET ADDRESS Opalocka, FL 33054 CITY-ST-ZIP CITY-ST-7IP - Change -Addition Defete TITLE-TITLE-Vargas Jr., Angel NAME NAME STREET ADDRESS 13070 Cairo Lane STREET ADDRESS Opalocka, FL 33054 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 made and accurate and other like empowered.

Vargas, Angel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

2-28-08

Daytime Phone #