


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107541

1. Entity Name
KING ENTERPRISE USA, INC.



Principal Place of Business
**501 EAST DANIA BEACH BLVD.
 SUITE 1N
 DANIA BEACH, FL 33004**

Mailing Address
**P.O. BOX 222006
 HOLLYWOOD, FL 33022**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1152630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> PD	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'MEARA, SHANNON
 FOUR HARVARD CIRCLE
 SUITE 600
 WEST PALM BEACH, FL 33309**

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$350.00**


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	P KING, LAURIE 501 EAST DANIA BEACH BLVD., STE. 1N DANIA BEACH, FL 33004
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 04/23/04-80008-010 158.75

DO NOT WRITE IN THIS SPACE

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 the empowered.

SIGNATURE:  **LAURIE KING** **4-15-04** **954-562-8104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #