


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008188

1. Entity Name
KING & KAM, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 AM 8:00

Principal Place of Business
**300 MARY ESTHER BLVD UNIT 10-J
MARY ESTHER FL 32569**

Mailing Address
**300 MARY ESTHER BLVD UNIT 10-J
MARY ESTHER FL 32569**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5/5/03 90309001 \$150.00
 CHECK HERE IF MAKING CHANGES
 4. FEI Number
02-0538996
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**CHAN, PO K
300 MARY ESTHER BLVD UNIT 10-J
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ Zip Code _____

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, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: KAM CHAN, PO STREET ADDRESS: 1851 STELLA LN APT #523IT 10-J CITY-ST-ZIP: FT WALTON BCH FL 32548 <input type="checkbox"/> Delete	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	
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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: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REINSTATEMENT 03 <i>MRS</i>	
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 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: *Po King Chan* Date: *4/27/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

SUSAN M. SURBER, P.A.

CERTIFIED PUBLIC ACCOUNTANT

108 BEAL PARKWAY, SW • FORT WALTON BEACH, FLORIDA 32548-5330
(850) 244-4108 • FAX (850) 244-2210

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: King & Kam, Inc.
Document Number: P02000008188

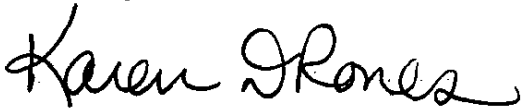
To Whom It May Concern:

Please find enclosed a copy of the certificate of administrative dissolution or revocation that was sent to the above-referenced client. I am also including a copy of the originally filed uniform business report, a copy of the bank statement showing the listed check as cashed as well as the certified mail receipt that was used to mail the original report.

On behalf of the above-referenced client, I would like to request that you reconsider the administrative dissolution or revocation of this corporation. The enclosed information clearly shows that the corporation filed a timely report and that their renewal fee was paid timely as the payment cleared their bank account on May 19, 2003.

Thank you in advance for your consideration in this matter. If any additional information is needed please contact me at (850) 244-4108.

Sincerely,



Karen D. Rones
Executive Assistant

Enclosures

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7002 0510 0004 1575 9233

OFFICIAL USE
 TALLAHASSEE FL 32302

Postage	\$ 43.85
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 47.90

0961
 08
 01 2003
 MAY 01 2003
 TALLAHASSEE, FL 32302

Sent to
 Street, Apt. No.,
 or PO Box No. **UBR-DIVISION OF CORPS**
PO BOX 1500
 City, State, ZIP+4
TALLAHASSEE, FL 32302-1500

PS Form 3800, Jan 01, 2001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
UNIFORM BUSINESS REPORTS
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carl Crawford Agent

B. Received By (Printed Name)
 Carl Crawford Address

C. Delivery address different from label?
 Yes No

D. If YES, enter delivery address below:
 Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

MAY - 3 2003