

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000011248

1. Entity Name
KING ALEXANDER ENTERPRISES, INC.



Principal Place of Business
**10201 S.W. 9TH LANE
PEMBROKE PINES, FL 33025**

Mailing Address
**10201 S.W. 9TH LANE
PEMBROKE PINES, FL 33025**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3615294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, MAUREEN
10201 S.W. 9TH LANE
PEMBROKE PINES, FL 33025**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000544043
05/11/06-80018-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, ROMEO A
STREET ADDRESS	10201 S.W. 9TH LANE
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

TITLE	D
NAME	CAMPBELL, MAUREEN
STREET ADDRESS	10201 S.W. 9TH LANE
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-06. 954-257-8360
Date Daytime Phone #