

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # 902000069891

1. Entity Name

KING SOLOMON'S SECRETS, INC.



FILED

11 MAY 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

6023 NW 22 Ave

Suite, Apt. #, etc.

3. Mailing Address

1398 N.W. 61st

Suite, Apt. #, etc.

#9

CR2E034B (1/11)

City & State

Miami Fla

City & State

Miami Fla

4. FEI Number

51-0426411

Applied For

Not Applicable

Zip 33142

Country

Zip

33142

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gwendolyn V. Thomas

Street Address (P.O. Box Number is Not Acceptable)

1398 N.W. 61st #9

City

Miami

FL

Zip Code

33142

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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

Gwendolyn V. Thomas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5-13-2011

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Gwendolyn V. Thomas

6023 NW 22 Ave

Miami, Fla 33142

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

David, Bostic

1398 N.W. 61st #9

Miami, Fla 33142

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DANYCANZ Bostic

1398 N.W. 61st #9

Miami, Fla 33142

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Tyrone Thomas Director of Sales

13 Tyrone Thomas Lane

Ellenboro, N.Y. 12428

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Louis Brooks

747 Quail Ave

Orlando, Fla 32805

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Hannah Russ

747 Quail Ave

Orlando, Fla 32805

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE

Gwendolyn V. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5-13-2011

45123

800207263478
05/05/11--01027--002 **150.00

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