2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P02000126212

Entity Name: O.B. KING, CORP.

Current Principal Place of Business:

19195 MYSTIQUE POINT DRIVE #2205
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

19195 MYSTIQUE POINT DRIVE #2205
MIAMI, FL 33180

New Mailing Address:

FEI Number: 82-0574440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CESAR, OSVALDO
19195 MYSTIQUE POINT DRIVE #2205
MIAMI, FL 33180

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CESAR, OSVALDO
Address: 19195 MYSTIQUE POINT DRIVE #2205
City-St-Zip: MIAMI, FL 33180

Title: VD ( ) Delete
Name: SWADKINS, VIVIANA
Address: 2240 N. CYPRESS BEND DR #608
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: SWADKINS, BRIAN
Address: 2240 N CYPRESS BEND DR #608
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SWADKINS, VIVIANA
Address: 19195 MYSTIC POINTE DR #2205
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Change ( ) Addition
Name: SWADKINS, BRIAN
Address: 5475 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO CESAR P 04/24/2004

Electronic Signature of Signing Officer or Director — Date