


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P02000126212 1. Entity Name O.B. KING, CORP.	
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Principal Place of Business 19195 MYSTIC POINTE DRIVE #2205 MIAMI, FL 33180	Mailing Address 19195 MYSTIC POINTE DRIVE #2205 MIAMI, FL 33180
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04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0574440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CESAR, OSVALDO 19195 MYSTIQUE POINT DRIVE #2205 MIAMI, FL 33180
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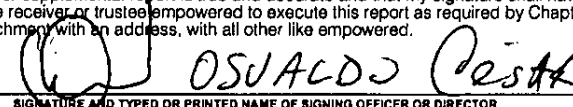
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESAR, OSVALDO 19195 MYSTIQUE POINT DRIVE #2205 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWADKINS, VIVIANA 19195 MYSTIC POINTE DR #2205 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWADKINS, BRIAN 5475 W ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000756391 05/23/07-80028-009 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 05/30/07 Daytime Phone #: (305) 970-9592