

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000126212

FILED
Sep 14, 2007
Secretary of State**Entity Name:** O.B. KING, CORP.**Current Principal Place of Business:**19195 MYSTIC POINTE DRIVE #2205
MIAMI, FL 33180**New Principal Place of Business:****Current Mailing Address:**19195 MYSTIC POINTE 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 US**Name and Address of New Registered Agent:**CESAR, OSVALDO
19195 MYSTIC POINT DRIVE #2205
MIAMI, FL 33180 US

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: CESAR OSVALDO

09/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CESAR, OSVALDO
Address: 19195 MYSTIC POINT DRIVE #2205
City-St-Zip: MIAMI, FL 33180

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CESAR OSVALDO

D

09/14/2007

Electronic Signature of Signing Officer or Director

Date