


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000129841

1. Entity Name
 THE KINGS OF THE PLANTS, INC.



Principal Place of Business
 745 SW 8TH TER
 FLORIDA CITY, FL 33034

Mailing Address
 745 SW 8TH TER
 FLORIDA CITY, FL 33034

DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1193183

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIO, MAGDA
 745 SW 8TH TER
 FLORIDA CITY, FL 33034

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000939544
 05/28/08-80026-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DPS
 PALACIO, MAGDA
 745 SW 8TH TER
 FLORIDA CITY, FL 33034

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DVT
 PALACIO, REYNALDO
 745 SW 8TH TER
 FLORIDA CITY, FL 33034

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP


TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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:  **MAGDA PALACIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT **04/08/08** **(786)234 8350**
Date Daytime Phone #