2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED Jan 20, 2006 8:00 am Secretary of State

☐ Change

☐ Change

■ Addition

☐ Addition

1. Entity Nam	MENT # P03000 IKING INTERIOR DRY						01-20-2006	5 90028 (037 ***150	0.00	
Principal Place of Business 22908 SW 155 AVE N/A			Mailing Address 22908 SW 155 AVE N/A				ውስብለ ቶ ፕልታ				
MIAMI, FL 33170			MIAMI, FL 33170								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-P	CR2E	034 (11/05)		
City & State			City & State			4. FEI Numbe 38-369				pplied For at Applicable	
Zip	Zip Country		Zip Coui		itry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regist			tered Agent			7. Name and	Address of New	Registered	i Agent		
111 FM PARSON					Name						
ALLEN, BARRIS L 22908 SW 155 AVE MIAMI, FL 33170				St		ss (P.O. Box Numbe	r is Not Acceptal	ole)			
					City			F	L Zip Code	Θ	
	named entity submits this state tions of registered agent.	ment for the	ourpose of changing its	register	ed office or regi	stered agent, or bot	h, in the State of I	Florida. I ar	n familiar with,	and accept	
SIGNATURE.	Jamis C	ري .					1-,	16- C) 6		
	Signature, typed or printed name of registe	red agent and line	if applicable (NOT	E: Registere	d Agent signature req	uired when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaig Trust Fund Contri						\$5.00 May Be Added to Fees					
10.	OFFICER	S AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO O	FICERS AN	ID DIRECTORS	S IN 11	
TITLE	Р		☐ Delete	TITL	E				☐ Change	■ Addition	
NAME CONTELLADORECC	ALLEN, BARRIS L 22908 SW 155 AVE				E						
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33170	_			ET ADDRESS -ST-ZIP						
TITLE	V		☐ Delete	TITL		•••			☐ Change	Addition	
NAME	ALLEN, ANN M		L. L.GIGIG		IE .				C Cuange	Audition	
STREET ADDRESS	22908 SW 155 AVE				EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33170		<u></u> _		-\$1 · ZIP						
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NAME				NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL			•		☐ Change	Addition	
NAME			53335	NAM	ie						
STREET ADDRESS	1			STRE	EET ADDRESS						

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. Plorida 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.

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: Signature and typed or printed name of Signing Officer or director Date Descriptions