

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000024316

1. Entity Name
INTERNATIONAL KING CONSULTING, INC.



Principal Place of Business
8410 NW 53RD TERRACE
#108
DORAL, FL 33166

Mailing Address
8410 NW 53RD TERRACE
#108
DORAL, FL 33166

FILED
Jun 13, 2008 08:00 AM
Secretary of State



06052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2037243	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

KING, SARA
8410 NW 53RD TERRACE
#108
MIAMI, FL 33166

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, SARA
STREET ADDRESS	8410 NW 53RD TERRACE #108
CITY-ST-ZIP	DORAL, FL 33166

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000953116
06/13/08-80003-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/07 3054362868
Date Daytime Phone #