


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90010 010 ***150.00

DOCUMENT # P05000061233		
1. Entity Name J & V KING CUT, CORP.		

Principal Place of Business 18140 SW 142 PL MIAMI, FL 33177	Mailing Address 18140 SW 142 PL MIAMI, FL 33177
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2. Principal Place of Business - No P.O. Box # 7786 NW 64 ST	3. Mailing Address 7786 NW 64 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33166	Zip 33166
Country	Country

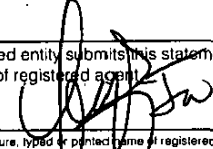
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04292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent REYES, VICTOR JR. 18140 SW 142 PL MIAMI, FL 33177		4. FEI Number 20-2754569		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent Name: Reyes, Victor Jr. Street Address (P.O. Box Number is Not Acceptable) 7786 NW 64 ST City: Miami FL Zip Code: 33166		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, VICTOR JR. 18140 SW 142 PL MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Reyes, Victor Jr. X 7786 NW 64 ST Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZQUEZ, JOSE L 18140 SW 142 PL MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Vazquez, Jose L. X 7786 NW 64 ST Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: _____ Daytime Phone #: _____