2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an

with all other like empowered.

Secretary of State DOCUMENT # P05000094515 07-26-2006 90001 020 ***150.00 KING OF THE GOLD CROWNS II. INC. Principal Place of Business Mailing Address 3015 N.W. 79TH ST. 3015 N.W. 79TH ST. 50023181 **SUITE C-25** SUITE C-25 MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07212006 CR2E034 (11/05) City & State City & State 20-4522904 Applied For ▲ FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIAROV, ITZHAK 4525 ROYAL PALM AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33140 Zip Code 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. Signature, typed or printed name of registered agent and tide it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME DANIAROV, ITZHAK NAME STREET ADDRESS 4525 ROYAL PALM AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if urther 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

FILED Jul 26, 2006 8:00 am