

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132697

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** KING KAMREN CONSTRUCTION & DEMOLITION INC

**Current Principal Place of Business:**

1239 BROWN ROAD  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4023  
LAKE WORTH, FL 334654023

**New Mailing Address:**

**FEI Number:** 20-3540747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAEL J MCGOEY CPA INC  
639 EAST OCEAN AVE  
SUITE 101  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBINSON, LAMONT  
Address: 1239 BROWN ROAD  
City-St-Zip: HYPOLUXO, FL 33462

Title: P  
Name: ROBINSON, LES SONJA  
Address: 5433 OAKMONT VILLAGE CIR  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAMONT ROBINSON

PD

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date