

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167680

1. Entity Name
E.B. KING CORP



Principal Place of Business
5055 COLLINS AVENUE
APT. 12-JK
MIAMI BEACH, FL 33140

Mailing Address
5055 COLLINS AVENUE
APT. 12-JK
MIAMI BEACH, FL 33140

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3829251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOGEN, ERNEST
5055 COLLINS AVENUE
APT. 12-JK
MIAMI BEACH, FL 33140

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOGEN, ERNEST
5055 COLLINS AVENUE APT. 12-JK
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
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000000959208
09/09/08-80001-020 150.00

**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

Sept 4, 08 (305) 321-6274
Date Daytime Phone #