2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P06000036329

SIGNATURE:

Entity Name
 KING DAVID FLORIDA CORP



FILED May 14, 2007 8:00 am Secretary of State 05-14-2007 90079 047 ***150.00

Turto Di t		7										
Principal Place of Business 5440 N STATE RD 7 STE 307 FT LAUDERDALE, FL 33319			Mailing Address 5440 N STATE RD 7 STE 307 FT LAUDERDALE, FL 33319				A JERUSES IN GRAN SINI SENI BENI BENI BENI BENI BENES KIRE KIRE INCENTIONES IL INC					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	04252007	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Numb	er 477005		<u> </u>	oplied For ot Applicable		
Zip Country			Zip	Zip Country			5. Certificate of Status Desired Search Search Search Status Desired Search Sea					
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent					
		,	Name				·* '					
MORA, JA 5440 N. S SUITE 207	TATE RD	4		Street Ac		is (l	P.O. Box Numb	er is Not Acceptable	e)			
FT LAUDE	RDALE, F	FL 33319		City			-	FL	Zip Cod	e		
										- `		
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												
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS.	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE	PS		☐ Defete	ากเ	E					☐ Change	Addition	
NAME	MORA, JA	AEN	NAMI		AE.							
STREET ADDRESS		STATE RD 7 SUITE 207			eet address							
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NAME				NAM	ME REET ADDRESS							
STREET ADDRESS	CITY-ST-ZIP				Y-ST-ZIP							
	1						d in Charter 11	O. Florido Statutos	I further on	rtific that the	information	
12. I hereby indicated	certify that th I on this repo	ne information supplied wiff ort or supplemental report is	ithis filing does not qualify the true and that	my signa	templions contai ature shall have t	he	same legal effe	ct as if made under	oath; that	am an office	r or director	
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 rustee employeed 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.												
changed, or on an attachment with an address with all other like empowered.												

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR