

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024227

Entity Name: KING'S CUP, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2805 E OAKLAND PARK BLVD PMB 345
FORT LAUDERDALE, FL 33306

Current Mailing Address:

2805 E OAKLAND PARK BLVD PMB 345
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2805 E OAKLAND PARK BLVD,
PMB 345
FORT LAUDERDALE, FL 33306

New Mailing Address:

2805 E OAKLAND PARK BLVD,
PMB 345
FORT LAUDERDALE, FL 33306

FEI Number: 20-8505585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANTALIS, DEAN J ESQ
2255 WILTON DRIVE
WILTON MANORS, FL 33305 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: MAZZA, WILLIAM J
Address: 2805 E OAKLAND PARK BLVD PMB 345
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: DST () Delete
Name: KORMUSIS, CHRISTOPHER G
Address: 2805 E OAKLAND PARK BLVD PMB 345
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: MAZZA, WILLIAM J
Address: 2805 E OAKLAND PARK BLVD, PMB 345
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: DST (X) Change () Addition
Name: KORMUSIS, CHRISTOPHER G
Address: 2805 E OAKLAND PARK BLVD, PMB 345
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. MAZZA

DPV

03/24/2009

Electronic Signature of Signing Officer or Director

Date