

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047951

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: KING CITY MANAGEMENT, INC.

## Current Principal Place of Business:

13315 N.E. 6TH AVENUE  
APT. 1/OFFICE  
NORTH MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

13315 N.E. 6TH AVENUE  
APT. 1/OFFICE  
NORTH MIAMI, FL 33131

## New Mailing Address:

1001 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH, FL 33132

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD  
SUITE 350-N  
HOLLYWOOD, FL 33021 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: D ( ) Delete  
Name: CHELMINSKY, SHLOMO  
Address: 13315 N.E. 6TH AVE APT 1/OFFICE  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CHELMINSKY, SHLOMO  
Address: 1001 NORTH MIAMI BEACH BLVD  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SHLOMO CHELMINSKY

D

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date