

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000084017

1. Entity Name
MIAMI KING ARTHUR'S CORP.



Principal Place of Business
316 SURFSIDE BOULEVARD SUITE #4
MIAMI BEACH, FL 33154

Mailing Address
316 SURFSIDE BOULEVARD SUITE #4
MIAMI BEACH, FL 33154

FILED
10 JUN 18 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112010 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number
27-1095692

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINAREZ, MIRYAM V
316 SURFSIDE BOULEVARD SUITE #4
MIAMI BEACH, FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 24, 2010**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LINAREZ, MIRYAM V
STREET ADDRESS 316 SURFSIDE BOULEVARD SUITE #4
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE ☐ Change ☐ Addition
NAME 900180778359
STREET ADDRESS 05/13/10--01001--004 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-10

Date

786.395.5556

Daytime Phone #