

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # P10 0000 15214

1. Entity Name

KING EXCHANGE INC.



11 JUN -1 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

14808 NW 7th Ave

Suite, Apt. #, etc.

3. Mailing Address

14808 NW 7th Ave

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State Miami, FL

City & State Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip 33168

Country

Zip 33168

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Diya Ahmad

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

14808 NW 7th Ave

City Miami

FL

Zip Code 33168

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 - Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME Diya Ahmad
STREET ADDRESS 14808 NW 7th Ave
CITY-ST-ZIP Miami, FL 33168

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709207203747
05/04/11-01036-015 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

DIYA AHMAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

8/19/11

(305) 949-3873