

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90002 033 \*\*\*150.00

**DOCUMENT # P94000091050**

1. Entity Name

KING FISHER INTERNATIONAL, INC.



Principal Place of Business

10101 COLLINS AVE.

#5-D

BAL HARBOUR FL 33154

Mailing Address

20590 WEST DIXIE HIGHWAY

NORTH MIAMI BEACH FL 33180



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

3. Mailing Address

2525 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5TH FL

1st MOORE

CR2E034 (10/07)

City & State

City & State

CORAL GABLES FL

4. FEI Number

65-0587016

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

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

CAHLIN, RICHARD A CPA  
20590 WEST DIXIE HWY  
N MIAMI BEACH FL 33180

Name

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

2525 PONCE DE LEON BLVD

5TH FL

City

CORAL GABLES

FL

Zip Code

33134

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

*Richard A Cahl*

RICHARD A CAHLIN 2-16-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
SULTAN, ANTHONY  
10101 COLLINS AVE., #5-D  
BAL HARBOUR FL 33154 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
SULTAN, TRACEY  
10101 COLLINS AVE., #5-D  
BAL HARBOUR FL 33154 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard A Cahl*

RICHARD A CAHLIN CPA

2-16-07