

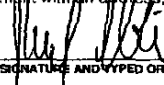


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90104 031 ***150.00

DOCUMENT # P96000094410 1. Entity Name KING SHIP CORP.																																			
Principal Place of Business 7401 CENTER BAY DR NORTH BAY VILLAGE, FL 33141 US			Mailing Address 7401 CENTER BAY DR NORTH BAY VILLAGE, FL 33141 US																																
2. Principal Place of Business 2701 S. BAYSHORE DR. Suite, Apt. #, etc. SUITE 606 City & State MIAMI Zip FL 33133		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																	
4. FEI Number 65-0710871		Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HAMMONS, FOY H 2701 S BAYSHORE DR STE 606 MIAMI, FL 33133																																	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>OP</td> <td>NOBILI, RAUL</td> <td>352 NE 98 ST</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIAMI SHORES, FL</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		OP	NOBILI, RAUL	352 NE 98 ST				MIAMI SHORES, FL			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>VP</td> <td>CARMELA NOBILI</td> <td>352 N.E. 98TH STREET</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIAMI SHORES</td> <td>FL 33138</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		VP	CARMELA NOBILI	352 N.E. 98TH STREET				MIAMI SHORES	FL 33138	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  RAUL NOBILI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																