2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000038279

1. Entity Name
KING OF CLUBS EAST, INC.



Principal Place of Business

11405 NW 18TH CT PLANTATION, FL 33323 US Mailing Address

11405 NW 18TH CT PLANTATION, FL 33323

US

APPROVE AND FILED

06 SEP 15 AM 10: 2"

SECRETARY OF STATE TALLAHASSEE, FLORIDA



09122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0757284 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, RICARDO 3041 SW 117 AVE DAVIE, FL 33330

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{					
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and to			9:	oth, in the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with a state of Florida. I
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		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		1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, RICARDO 3041 SW 117 AVE DAVIE, FL 33330		•		
THILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

WELL THE PROPERTY OF THE PROPE

9/8/26

Daytime Phone #