

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**  
04-10-2002 90441 039 \*\*\*158.75

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DOCUMENT #	P97000084368
1. Entity Name	
KING'S PRIDE, INC.	

Principal Place of Business	Mailing Address
3465 PINEWALK DR N	PO BOX 9436
#102	CORAL SPRINGS FL 33075
MARGATE FL 33063	

2. Principal Place of Business 5865 N.W. 120 <sup>TH</sup> AVE	3. Mailing Address
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.

City & State Gainesville Springs FL		City & State	
Zip 33076	Country USA	Zip	Country

4. FEI Number	58-2354261	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent
MOYLE, BERNARD T ONE FINANCIAL PLAZA SUITE 1600 FT LAUDERDALE FL 33394

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

SIGNATURE: Diana A. Chambers

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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[illegible][illegible]

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. Archambeau 4-02-02 954-914-5006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Maritime Phone #

CR2E034 (9/01)