PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 07, 1999 8:00 am Secretary of State

05-07-1999 90036 048 ***150.00

1999	DIVISION OF CORPORATIONS
DOCUMENT # P. 1. Corporation Name KING PIN STATION, INC	223

Mailing Address Principal Place of Business 19700 N.W. 3RD COURT 19700 N.W. 3RD COURT MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/01/1998 Applied For 2a. Mailing Address FEI Numbe 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc., Fee Required 22 \$5.00. May Ba-6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 s. This corporation owes the current year intangible Country Zip Country Ziρ □No ☐ Yes Personal Property Tax. 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WILSON, ROHAN A Street Address (P.O. Box Number is Not Acceptable) 82 19700 N.W. 3RD COURT **MIAMI FL 33169** 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change ☐ DELETE TITLE CR2E034 12 NAME WILSON, ROHAN A NAME 13 STREET ADDRESS 19700 N.W. 3RD COURT STREET ADDRESS 1.4 CTTY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 22 NAME STREET ADDRESS Z 4 CITY- ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TILE MLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZP ☐ Addition Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-ZIP Addition ☐ Change OELETE SIDDLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE me 6.2 NAME MALE

S.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

STREET ADDRESS

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