

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90058 027 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000049180.					
1. Entity Name CAROL KING INVESTMENTS, INC.					
Principal Place of Business 9350 NE 12 AVE MIAMI SHORES, FL 33138			Mailing Address PO BOX 530585 MIAMI SHORES, FL 33153		
2. Principal Place of Business 159 NE 97 street			3. Mailing Address PO Box 530585		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Shores FL		City & State Miami Shores FL		4. FEI Number 65-0840492	
Zip 33138		Country USA		Applied For Not Applicable	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD, STE 205 MIAMI, FL 33161				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 re-registering)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P KING, CAROL AMAYA 9350 NE 12 AVE MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____		CAROL AMAYA KING 04-06-05 305-758-9350			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			