

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000013023

1. Entity Name
WORLD KING CORPORATION



Principal Place of Business
19195 MYSTIC POINTE DR
2205
MIAMI, FL 33180

Mailing Address
19195 MYSTIC POINTE DR
2205
MIAMI, FL 33180



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0899536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CESAR, OSVALDO
19195 MYSTIC POINTE DR. #2205
MIAMI, FL 33180

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE D
NAME CESAR, OSVALDO
STREET ADDRESS 19195 MYSTIC POINTE DR, #2205
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D
NAME SWADKINS, VIVIANA
STREET ADDRESS 19195 MYSTIC POINTE DR #2205
CITY-ST-ZIP MIAMI, FL 33180

TITLE D
NAME SWADKINS, BRIAN
STREET ADDRESS 19195 MYSTIC POINTE DR #2205
CITY-ST-ZIP MIAMI, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/20/05-80008-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/05 305-970-9592
Date Daytime Phone #