## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State

1		ANNUA	IL REF	·		_					
DOCUMENT # P9900085687  1. Entity Name KING AMERICAN TEXTILE, CORP.								02-11-2008	90062 0	48 ***15	50.00
						Con Train	สแบร	, <del>u.</del> ~			
Principal Plac		s	**	Mailing Address							
1511 E. 111   Hialeah, Fl				1511 E. 11TH AVE. HIALEAH, FL 33010			1				
,							1 (EF)(ER) ()E	*BIG (61)			( <b>48</b> ) (5 ) <b>84</b> )
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				Chg-P	CR2E03	34 (12/06)	
City & Stat	te		City &	City & State			4. FEI Numbe 65-096			<u> </u>	plied For Applicable
Zip	Zip Country			Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Ager							7. Name and	Address of New R	egistered A	gent	
ALONSO,	LESLIE			Name							
1511 E. 11 HIALEAH,	ITH AVE.	)		Street Address			(P.O. Box Numbe	er is Not Acceptable	)		
						City			·FL	Zip Code	8
8. The above	nameri entit	y submits this statemen	t for the number	see of changing its	e registore	ed office or repirts	vad naget or hat	h in the State of Flo		1	
the obligat	tions of regis	tered agent.	а година разро П	ase of changing its	s registere	to onice or registe	a <del>e</del> d agent, or bot	n, in the State of Flo	noa. Tam ia	imiiar wiin,	ano accept
SIGNATURE.			· •()								
	Signature, typed	or printed name of registered op		cable (NO)	TE: Registered	Agent signature required	d when reinstating)		DATE		***************************************
		FEE IS \$150.00 8 Fee will be \$55		Election Campa     Trust Fund Con			i.00 May Be ded to Fees				
10.	г	OFFICERS A	ND DIRECTOR	RS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIBECTORS	S IN 11
TITLE	DPS			☐ Delete	TTILE					☐ Change	Addition
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CITY-ST-ZIP	<u> </u>					SJ-ZIP					
12. I hereby certify that the information supplied with this filing 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 expowered.											
SIGNAT	URE: _		///	/ ?			0 -	03-2008			
i	_	SIGNATURE AND TYPED	OF PRINTED NAME	E OF SIGNING OFFICER	OR DIRECT	DR		Date	D <sub>3</sub>	ytime Finane #	