

To 7000000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

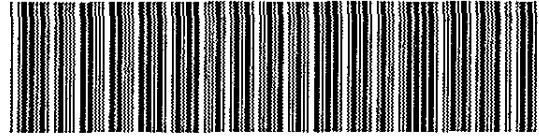
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800083812488

01/16/07--01051--014 \*\*87.50

To 7-73

FILED  
07 JAN 18 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACID  
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA A PEREZ  
(Name of Person)

PB&A FINANCIAL SERVICES CORP  
(Firm/Company)

174 NE 96 ST  
(Address)

MIAMI, FL. 33138  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA A PEREZ at ( 305 ) 7581136  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**(NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**  
Post Office Box 6327  
Tallahassee, FL 32314

**PART I**

1. (a) Applicant's name: GOLD KINGDOM INC

(b) Applicant's business address: 1 NE 1ST ST SUITE 10  
MIAMI, FL 33132

City/State/Zip

If different, Applicant's mailing address: 1 NE 1ST ST SUITE 10

MIAMI, FL 33132

City/State/Zip

(c) Applicant's telephone number: ( 305 ) 416-3545

Individual       Corporation       Joint Venture       Limited Liability Company  
 General Partnership       Limited Partnership       Union       Other: \_\_\_\_\_

If other than an individual,

(1) Florida registration/document number: P02000131799 ✓ (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 54-2086088

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

\_\_\_\_\_  
\_\_\_\_\_

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

WATCHES & JEWELRY

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

\_\_\_\_\_  
\_\_\_\_\_

d) The class(es) in which goods or services fall:

CLASS 14

\_\_\_\_\_  
\_\_\_\_\_

(Continued)

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 06/26/06 (b) Date first used in Florida: 06/26/06

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

THE WORD ACID WITH A BIG A ON TOP OF THE NAME

English Translation \_\_\_\_\_

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "ACID"  
" APART FROM THE MARK AS SHOWN.

I, IGOR ALISHAYEV

*being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.*

IGOR ALISHAYEV / President

Typed or printed name of applicant

*[Signature]*

Applicant's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 22 day of DECEMBER, 2006, IGOR ALISHAYEV

appeared before me,

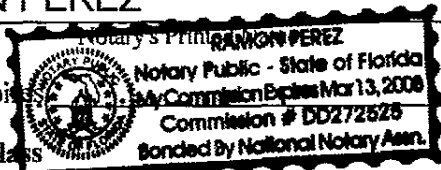
who is personally known to me  whose identity I proved on the basis of \_\_\_\_\_

FILED  
07 JAN 18 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Seal)

*[Signature]*  
Notary Public Signature

**RAMON PEREZ**



My Commission Expires \_\_\_\_\_

FILING FEE: \$87.50 per class

acid1.bmp

