V56422

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -5 PM 2:51

DOCUMENT # V56422

1. Entity Name
KING'S LOCKSMITH & KEY SHOP, INC.

b6931174
03/24/04 01032 006 $150.00

07192004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11818 NW 10 AVE. MIAMI, FL 33168 US	11818 NW 10TH AVE. MIAMI, FL 33167 US

2. Principal Place of Business: 2575 NW 110 ST	3. Mailing Address: 2575 NW 110 ST
Suite, Apt. #, etc: N/A	Suite, Apt. #, etc: N/A
City & State: MIAMI	City & State: FLORIDA
Zip: 33167 Country: DADE	Zip: 33167 Country: DADE

4. FEI Number: 65-0350097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, PAUL C
2575 N.W. 110 ST.
MIAMI, FL 33167

7. Name and Address of New Registered Agent

Name: PAUL C. KING.
Street Address (P.O. Box Number is Not Acceptable): 2575 NW 110 ST
City: MIAMI FLA FL Zip Code: 33167

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: Paul King (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 07/28/04

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, PAUL 2575 NW 110 ST MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Paul King (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 7/28/04 Daytime Phone #: 305-495-1631

8/5