

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 02, 2006  
Secretary of State**

DOCUMENT# N05000005573

Entity Name: LAMAKEYWEST, INC

**Current Principal Place of Business:**

19748 CANAL RD  
SUGARLOAF, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 91  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 20-2669015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MADIEDO, FRANK  
19748 CANAL RD  
SUGARLOAF, FL 33042      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURGOS, DAVID  
Address: P.O. BOX 91  
City-St-Zip: KEY WEST, FL 33041

Title: VP ( ) Delete  
Name: MADIEDO, FRANK  
Address: P.O. BOX 91  
City-St-Zip: KEY WEST, FL 33040

Title: TREA ( ) Delete  
Name: ESQUINALDO, PAUL E JR  
Address: P.O. BOX 91  
City-St-Zip: KEY WEST, FL 33041

Title: SECR ( ) Delete  
Name: ROLEWICZ, TIM  
Address: P.O. BOX 91  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. ESQUINALDO, JR.

TREA

08/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date