

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2008  
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:**

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

MADIEDO, FRANK  
19748 CANAL RD  
SUGARLOAF, FL 33042      US

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:**

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

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

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date