

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005573

FILED
Apr 15, 2009
Secretary of State

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 ()

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: MADIEDO, FRANK
Address: P.O. BOX 91
City-St-Zip: KEY WEST, FL 33041

Title: VP () Delete
Name: LOPEZ, FERNANDO
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: LINDER, LEE
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: VP (X) Change () Addition
Name: RODRIGUEZ, RAY
Address: P.O. BOX 91
City-St-Zip: KEY WEST, FL 33040

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

Title: SECR (X) Change () Addition
Name: ESCALANTE, MELINDA A
Address: P.O. BOX 91
City-St-Zip: KEY WEST, FL 33040

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

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date