

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000020009

1. Entity Name
AFRICAN-KEYS TRADE, INC.



Principal Place of Business

875 INDUSTRIAL COURT
LABELLE, FL 33935 US

Mailing Address

P.O. BOX 1336
LABELLE, FL 33975 US

FILED
Jan 26, 2007 08:00 AM
Secretary of State



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0395117

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARATA, ANDRE P
875 INDUSTRIAL COURT
LABELLE, FL 33935

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000606088
01/30/07-80064-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARATA, ANDRE P
STREET ADDRESS	875 INDUSTRIAL COURT
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Andre Arata Andre Arata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2007

Date

863-675-1585

Daytime Phone #