


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P02000135078 |  |
| 1. Entity Name 1100 DUVAL, INC. | |

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|---|---|
| Principal Place of Business 1100 DUVAL ST. KEY WEST, FL 33040 | Mailing Address 3320 RIVIERA DRIVE KEY WEST, FL 33040 |
|---|---|

DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 01-0768624 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KOHEN, JOY E
 3200 RIVIERA DRIVE
 KEY WEST, FL 33040

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000839634 02/05/08-90014-022 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD KOHEN, SHLOMO 3200 RIVIERA DR. KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EMANUEL-KOHEN, JOY 3200 RIVIERA DR. KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  Joy Emanuel Kohen 2/19/08 (305) 296-2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #