

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 624516

1. Entity Name
T.P. LIDO KEY, INC.



FILED

05 MAR 30 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O BROAD & CASSEL
7777 GLADES ROAD SUTIE 300
BOCA RATON, FL 33434

Mailing Address

C/O BROAD & CASSEL
7777 GLADES ROAD SUTIE 300
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1933285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTCH, JEFFREY A., ESQ.
7777 GLADES ROAD SUTIE 300
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME POMERANTZ, ALICE
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC

TITLE TV ☐ Delete
NAME GATTINGER, FRANKLIN J
STREET ADDRESS 8600 DECARIE, SUITE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC

TITLE AS ☒ Delete
NAME ESPOSITO, RAPHAEL JR
STREET ADDRESS 8600 DECARIE #200
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE CEO ☐ Delete
NAME POMERANTZ, TERRY
STREET ADDRESS 8600 DECARIE #200
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE SD ☐ Delete
NAME POMERANTZ, TERRY
STREET ADDRESS 8600 DECARIE #200
CITY-ST-ZIP MT ROYAL, QC, CANADA,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Terry Pomerantz

Terry Pomerantz

March 21st, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #