

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627894

FILED
Jan 04, 2007
Secretary of State

Entity Name: KEY WEST OFFICE MANAGEMENT, INC.

Current Principal Place of Business:

501 SOUTHARD ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

501 SOUTHARD ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-1924941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SINGH, DR ESHRI
501 SOUTHARD ST
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SINGH, ESHRI DR.,
Address: 501 SOUTHARD ST.
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: SINGH, GULSHAN MRS.,
Address: 501 SOUTHARD ST.
City-St-Zip: KEY WEST, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SINGH, ESHRI DR.,
Address: 501 SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: V (X) Change () Addition
Name: SINGH, GULSHAN MRS.,
Address: 501 SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: T () Change (X) Addition
Name: SINGH, SANDEEP ESHRI, DR.
Address: 501 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDEEP SINGH

DR

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date