


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90065 001 ***150.00
 03-09-2004 90065 002 *****8.75

DOCUMENT # 657238
 1. Entity Name
KEY LARGO OCEAN RESORTS CO-OP, INC.



Principal Place of Business Mailing Address
94825 OVERSEAS HIGHWAY **94825 OVERSEAS HWY**
KEY LARGO FL 33037 **KEY LARGO FL 33037**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1981596** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SALVA, PEDRO
94825 OVERSEAS HWY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALVA, PEDRO	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PENA, ANTONIO	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TELLEZ, MARIA A	
STREET ADDRESS	94825 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALSERA, JOSE	
STREET ADDRESS	94825 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DE MOLINA, TEODORO	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Omar	
STREET ADDRESS	94825 Overseas Hwy. Key Largo, FL	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Dora	
STREET ADDRESS	94825 Overseas Highway, Key Largo, FL	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuenca, Georgina	
STREET ADDRESS	94825 Overseas Highway, Key Largo, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pedro Salva **3/4/04** **(305) 952-3118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #