


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

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

Principal Place of Business 94825 OVERSEAS HIGHWAY KEY LARGO, FL 33037	Mailing Address 94825 OVERSEAS HWY KEY LARGO, FL 33037 US
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03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1981596	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SALVA, PEDRO 94825 OVERSEAS HWY KEY LARGO, FL 33037
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**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 reissuing) 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**

1100000258828  
03/10/05-80058-023 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVA, PEDRO 94825 OVERSEAS HIGHWAY KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, OMAR 94825 OVERSEAS HIGHWAY KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, DORA 94825 OVERSEAS HIGHWAY KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUENCA, GEORGINA 94825 OVERSEAS HIGHWAY KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DE MOLINA, TEODORO 94825 OVERSEAS HIGHWAY KEY LARGO, FL 00000,
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 exemption stated in Section 119.07(3)(f), 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* 3-4-05 (405) 850-3118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #