

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90087 049 ***150.00

DOCUMENT # F42154

1. Entity Name
MCKEE II, INC.



Principal Place of Business
**C/O SANDRA V. ALVAREZ
1065 E.31ST ST.
HIALEAH, FL 33013-3521**

Mailing Address
**C/O SANDRA V. ALVAREZ
1065 E.31ST ST.
HIALEAH, FL 33013-3521**

40015452



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2133003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, SANDRA V.
1065 E.31ST ST.
HIALEAH, FL 33013
547 Golden Bch Drive
Golden Beach, FL 33160**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	ALVAREZ, SANDRA V.
STREET ADDRESS	1065 E. 31ST ST.
CITY - ST - ZIP	HIALEAH, FL
TITLE	T
NAME	ALVAREZ, SANDRA V.
STREET ADDRESS	1065 E. 31ST ST.
CITY - ST - ZIP	HIALEAH, FL
TITLE	VP
NAME	VASQUEZ, TEOFILO
STREET ADDRESS	1065 E. 31ST ST.
CITY - ST - ZIP	HIALEAH, FL
TITLE	T
NAME	VASQUEZ, GLADYS
STREET ADDRESS	1065 E. 31ST ST.
CITY - ST - ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2006

305-965-4439