

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K20883**

1. Entity Name  
**COMMODORE KEY, INC.**



Principal Place of Business

% ROMY Z. LANCASTER  
% K. M. LANCASTER 50 W MASHTA DR. STE 6  
KEY BISCAYNE, FL 33149-2431 US

Mailing Address

% ROMY Z. LANCASTER  
% K. M. LANCASTER 50 W MASHTA DR. STE 6  
KEY BISCAYNE, FL 33149-2431 US



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0246664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, ROMY Z  
% KENNETH M. LANCASTER, CPA, P.A.  
50 WEST MASHTA DR., SUITE 6  
KEY BISCAYNE, FL 33149-2431

**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, 2007 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  
NAME PETRINI, RINALDO  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

TITLE VPD  
NAME PETRINI, PATRICIA E  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

TITLE STD  
NAME PETRINI, ESTELA  
STREET ADDRESS 50 WEST MASHTA DRIVE, SUITE 6  
CITY-ST-ZIP KEY BISCAYNE, FL 331492431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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04/26/07-80101-003 150.00

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 like empowered.

SIGNATURE:

*Rinaldo Petri*

RINALDO PETRINI

4/13/07 (305) 361-1014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #