

FILED
Apr 18, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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



03032008 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

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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)

11000000905720

05/01/08-80065-011 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RINALDO P. PETRINI

Date

April 5, 2008

Daytime Phone #

305-361-3611