2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004
Secretary of State

DOCUMENT# K22269

Entity Name: BLUE KEEL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8934 SW 129 TERRACE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560386
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0049978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATHE, CHRISTINE
8934 SW 129 TERRACE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KATHE, CHRISTINE
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: SETTLER, HELEN
Address: 7229 SW 54 AVE
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete
Name: LOBREE, BAIRD
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: MOLLOY, JOHN
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GUY, KATHE
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE KATHE D 02/21/2004

Electronic Signature of Signing Officer or Director Date