

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 003 ***158.75

DOCUMENT # M49061

1. Entity Name

O'KEEFE SUPPLIES, INC.



Principal Place of Business

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

2. Principal Place of Business

121 Alhambra Plaza

Suite, Apt. #, etc.

SUITE 1000

City & State

CORAL GABLES, FLA.

Zip

33134

Country

U.S.A.

3. Mailing Address

121 Alhambra Plaza

Suite, Apt. #, etc.

SUITE 1000

City & State

CORAL GABLES, FLA.

Zip

33134

Country

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

59-2809537

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, MARK D
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

MARK GROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

121 Alhambra Plaza

SUITE 1000

City

CORAL GABLES

FL

Zip Code

33134

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

4/6/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPT ☒ Delete
NAME LEKNES, DOUGLAS A
STREET ADDRESS 5201 BLUE LAGOON DRIVE #100
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 121 Alhambra Plaza, Suite 1000
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

04-19-04 (305) 238-0477

Date

Daytime Phone #