


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90256 026 ***158.75

DOCUMENT # M49061	
1. Entity Name O'KEEFE SUPPLIES, INC.	

Principal Place of Business 121 ALHAMBRA PLAZA STE. 1000 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA STE. 1000 CORAL GABLES, FL 33134
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20044925



2. Principal Place of Business 2000 Ponce de Leon Blvd SIXTH FLOOR CORAL GABLES, FLA 33134 DADE	3. Mailing Address 2000 Ponce de Leon Blvd. SIXTH FLOOR CORAL GABLES, FLA 33134 DADE
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03282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2809537	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GROSSMAN, MARK D. 121 ALHAMBRA PLAZA STE. 1000 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name: GROSSMAN, MARK D. Street Address (P.O. Box Numbers Not Acceptable): 2000 Ponce de Leon Blvd. SIXTH FLOOR City: CORAL GABLES FL Zip Code: 33134	
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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:  DATE: 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LEKNES, DOUGLAS A 121 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT Leknes, Haydee 2000 Ponce de Leon Blvd. SIXTH FLOOR CORAL GABLES, FLA 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 04/22/05 (305) 238-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR