

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90168 001 \*1,428.75

**66009915**

<b>DOCUMENT # M49061</b> 1. Entity Name <b>O'KEEFE SUPPLIES, INC.</b>			
Principal Place of Business <b>2000 PONCE DE LEON BLVD, SIXTH FLOOR STE. 1000 CORAL GABLES, FL 33134</b>		Mailing Address <b>2000 PONCE DE LEON BLVD, SIXTH FLOOR STE. 1000 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business - No P.O. Box # <b>9955 SW 87 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>9955 SW 87 CT</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, Florida</b> Zip <b>33176</b>		City & State <b>MIAMI, Florida</b> Zip <b>33176</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>59-2809537</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GROSSMAN, MARK D 2000 PONCE DE LEON BLVD, SIXTH FL CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Dr. J. A. Esquivel</b> Street Address (P.O. Box Number is Not Acceptable) <b>9955 SW 87th COURT</b> City <b>Miami</b> FL Zip Code <b>33176</b>	
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 <u><i>Dr. J. A. Esquivel</i></u> DATE <u>04-03-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT LEKNES, HAYDEE 2000 PONCE DE LEON BLVD, SIXTH FL CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9955 SW 87 CT. Miami, Florida 33176</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Dr. J. A. Esquivel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04-03-08</u> Daytime Phone # <u>(305) 238-0477</u>	