

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # M67698

1. Entity Name

KEY WEST PACKET LINES, INC.



Principal Place of Business

201 WILLIAM ST.
KEY WEST FL 33040
US

Mailing Address

P O BOX 1153
KEY WEST FL 33041
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0041048

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name *ROBERT CINTRON*
Street Address (P.O. Box Number is Not Acceptable)
LAW office of Hugh MORGAN
317 Whitehead ST.
City *Key West* FL Zip Code *33040*

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 restating)

4/9/2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME STREET ADDRESS CITY-SI-ZIP	PTD GITTELMAN, FINBAR 201 WILLIAM ST KEY WEST FL	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-SI-ZIP	S HENDRICK, JT 317 WHITEHAD ST KEY WEST FL	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-SI-ZIP	VP SCHUH, LYNDA 317 WHITEHEAD ST. KEY WEST FL	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-SI-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 Section 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: *Finbar Gitelman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 (305) 942-1902

Date

Daytime Phone #