

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90285 050 ***150.00

DOCUMENT # P00000001773

1. Entity Name

KEY WEST CARGO RESORTWEAR INC.



Principal Place of Business

2010 STAPLES AVE.
KEY WEST FL 33040

Mailing Address

P.O. BOX 190854
MIAMI BEACH FL 33119

2. Principal Place of Business

8340 NW 56 Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 190854

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Miami, FL

Zip

33166

Country

USA

City & State

Miami Beach, FL

Zip

33119

Country

USA

4. FEI Number

65-0983107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINER, ERVIN A III
2010 STAPLES AVE.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name STEINER, ERVIN A III
Street Address (P.O. Box Number is Not Acceptable)
8340 NW 56 Street
City Miami FL Zip Code 33166

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 Ervin A. Steiner III, ST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/14/04

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	P	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, DEBRA	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEINER, ERIC J	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEINER, ERVIN A III	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra McLaughlin	of address only
STREET ADDRESS	8340 NW 56 Street	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC STEINER	of address only
STREET ADDRESS	8340 NW 56 Street	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ervin A. Steiner III	of address only
STREET ADDRESS	8340 NW 56 Street	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ervin A. Steiner III, ST 4/14/04 305-500-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #