


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91053 034 ***150.00

DOCUMENT # P00000013950	
1. Entity Name KEEKO CORPORATION	

Principal Place of Business 1901 BRICKELL AVE. B202 MIAMI, FL 33129-2934	Mailing Address 1901 BRICKELL AVE. B202 MIAMI, FL 33129-2934
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2. Principal Place of Business 2655 LE JEUNE RD Suite, Apt. #, etc.	3. Mailing Address 2655 LE JEUNE RD Suite, Apt. #, etc.
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City & State CORAL GABLES - FL	City & State CORAL GABLES - FL
Zip 33134	Country USA
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Zip 33134	Country USA

03232004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0989005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOTTHILF, FABIO 1901 BRICKELL AVE., STE B202 MIAMI, FL 33129

7. Name and Address of New Registered Agent Name FABIO GOTTHILF Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE RD 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: <u>FABIO GOTTHILF</u> DATE: <u>04/20/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOTTHILF, FABIO 7302 NW 107TH PLACE MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOTTHILF, REJANE W 7302 NW 107TH PLACE MIAMI, FL 33178 <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	<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: <u>FABIO GOTTHILF</u>	04/20/04 (305)443-6148
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #