


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90162 001 ***300.00

DOCUMENT # P00000038546 1. Entity Name KELTAY ASSOCIATES, INC.	
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Principal Place of Business 15221 SW 80 ST MIAMI, FL 33193	Mailing Address 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1002864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALAS, RAUL E C/O SALAS, EDE, PETERSON & LAGE, L.L.C. 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D SHELTON, TERESITA 1108 VALENCIA AVE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRIQUE, SALAS R 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUL, SALAS E 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERESITA, BERNACE 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Teresita Shelton, D 2/16/05 305-775-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #