

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P01000002348

1. Entity Name
KEY WEST ALTAMONTE, INC.



Principal Place of Business
128 EAST COLONIAL DR
ORLANDO, FL 32801

Mailing Address
128 EAST COLONIAL DR
ORLANDO, FL 32801



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3701631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABETI, MANSOUR
128 EAST COLONIAL DR
ORLANDO, FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000690555
04/11/07-80079-016-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABETI, MANSOUR M 128 EAST COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADILLA, NARCISO S 1805 LIVINGSTON ST ORLANDO, FL 328035520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDUATE, ARMANDO 7115 CANTRELL CT ORLANDO, FL 328356175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

407-835-1369

Daytime Phone #