

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000113636
 1. Entity Name
 KEY WEST PARADISE, INC.



Principal Place of Business Mailing Address
 291 FRONT ST #12 291 FRONT ST #12
 KEY WEST, FL KEY WEST, FL

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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 03-0374576 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAMDEN, TAMARA K
 291 FRONT ST #12
 KEY WEST, FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CAMDEN, TAMARA K 291 FRONT ST #12 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CAMDEN, WESLEY SPENCER 291 FRONT STREET #12 KEY WEST, FL 33040
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 01/15/04-80033-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tamara K. Camden Date: 1-7-04 Daytime Phone #: 305-296-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR