2004 FOR PROFIT CORPORATION

FILED Jan 23, 2004 08:00 AM

و در ۱۸	ANNUAL REPORT				Secretary of State		
1. Entity Nam	CUMENT # P02000103234 RALL OF KW, INC.				Secre	iary of State	
Principal Plac	(D	Mailton Calabana		<u> </u>			
141 DUVAL S KEY WEST, F	ST.	Mailing Address 141 DUVAL ST. KEY WEST, FL 33040					
	and the second s		-				
			01202004	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			CE	4. FE! Number 51-043	er	Applied For Not Applicabl	
			د ښک در وو	5. Certificate	of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
WALLACE, R. BRUCE 608 WHITEHEAD ST. KEY WEST, FL 33040			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement for the	a purpose of changing its register	ed office or register	red agent, or bol	h. in the State of Flori	ida Lam familiar with, and accept	
	tions of registered agent.	Carpora v. on an igning in a lagrana.					
SIGNATURE						DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DIF	ECTORS	1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TITLE NAME STREET ADDRESS	D CROITORU, ALON 3341 RIVIERA DR.		}		linonor	nn11121	
CITY+ST-ZIP	KEY WEST, FL 33040		1		01/23/04-	0011121 -80024-016 150.00	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				~ <u>-</u>			
TITLE NAME]				

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 ambowered 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: __

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #