


05-03-2005 90083 042 ***150.00

DOCUMENT # P02000127666				05-03-2005 90083 042 ***150.00	
1. Entity Name BIKINI KEY, INC.					
Principal Place of Business 101 DUVAL STREET KEY WEST, FL 33040		Mailing Address C/O STEVEN KRAFT, P.A. 766 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071			
2. Principal Place of Business		3. Mailing Address 40 S. KRAFT PA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 934 N. UNIVERSITY DR #450			
City & State		City & State CORAL SPRINGS, FL			
Zip	Country	Zip	Country	4. FEI Number 03032005	Applied For CR2E034 (10/03)
33071	USA	33071	USA	04-3726532	Not Applicable
6. Name and Address of Current Registered Agent HAMUY, NEIL 9629 PARKVIEW AVE BOCA RATON, FL 33428				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAMUY, NEIL 101 DUVAL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: Neil Hamuy NEIL HAMUY 4/17/05 561-704-2266					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					