

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90005 044 ***150.00

DOCUMENT # P02000135078

1. Entity Name
1100 DUVAL, INC.



Principal Place of Business
**1100 DUVAL ST.
KEY WEST, FL 33040**

Mailing Address
**3320 RIVIERA DRIVE
KEY WEST, FL 33040**



2. Principal Place of Business

3. Mailing Address

3200 RIVIERA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Key West, FL 33040

Zip

Country

Zip

Country

33040

U.S.A.

01132006

Chg-P

CR2E034 (11/05)

4. FEI Number
01-0768624

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOHN, JOY E
3200 RIVIERA DRIVE
KEY WEST, FL 33040**

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

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, 2006 Fee will be \$550.00**

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
**VSTD
KOHN, SHLOMO
3200 RIVIERA DR.
KEY WEST, FL 33040**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EMANUEL-KOHN, JOY
3200 RIVIERA DR.
KEY WEST, FL 33040**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

2/19/06

Date

(305) 304-3250

Daytime Phone #