

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90061 039 ***150.00

DOCUMENT # P03000075368

1. Entity Name
KETA INVESTMENT CORP.



94012611

Principal Place of Business
**18911 COLLINS AVENUE, UNIT 3402
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**18911 COLLINS AVENUE, UNIT 3402
SUNNY ISLES BEACH, FL 33160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02032004 Chg-P CR2E034 (10/03)

4. FEI Number
47-0925702

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERBER, DANIEL J ESQ.
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180**

Name
NOVARO, GABRIEL M

Street Address (P.O. Box Number is Not Acceptable)
18911 COLLINS AVE, UNIT 3402

City Zip Code
SUNNY ISLES BEACH, FL 33160

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

2/3/4

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**D
NOVARO, GABRIEL M
18911 COLLINS AVENUE, UNIT 3402
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/4

Date

(305) 932-6262

Daytime Phone #