2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109941

Address:

City-St-Zip:

FILED Mar 02, 2004 Secretary of State

Entity Name: MNM ENTERPRISES OF KEY WEST, INC. **Current Principal Place of Business: New Principal Place of Business:** 6840 FRONT STREET KEY WEST, FL 33040 KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** DBA KEY WEST CASINO CRUISES 5168 US RT 1 KEY WEST, FL 33040 FEI Number: 81-0643989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARRONE, DANTE W 905 TRINITY DRIVE APT. A KEY WEST, FL 33040 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition MARRONE, DANTE W MERRIGAN, RICHARD C Name: Name: 905 TRINITY DRIVE 2 KATE'S LANE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: BOXFORD, MA 01921 US Title: () Delete Title: () Change (X) Addition Name: Name: NATOLA, MICHAEL F 240 COMMERCIAL STREET SUITE 2B Address: Address: BOSTON, MA 02109 US City-St-Zip: City-St-Zip: Title: Title: () Delete TRFA () Change (X) Addition MARRONE, MICHAEL Name: Name: 905 TRINITY DRIVE Address Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040 US Title: () Delete Title: SECR () Change (X) Addition MARRONE, DANTE W Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

905 TRINITY DRIVE

KEY WEST, FL 33040 US

SIGNATURE: DANTE W. MARRONE SECR 03/02/2004