

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 028 ***150.00

DOCUMENT # P03000133721

1. Entity Name
ANTONIA'S KEY WEST INC.



Principal Place of Business
615 DUVAL STREET
KEY WEST, FL 33040

Mailing Address
1600 RIVIERA STREET
KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #
1600 Riviera Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West Florida

City & State

Zip
33040

Country
USA

Zip

Country



05022007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0409516

Applied For
Not Applicable

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

DIDATO, THOMAS J
302 SOUTHARD STREET
KEY WEST, FL 33040

Name Thomas J. DiDato
Street Address (P.O. Box Number is Not Acceptable)

526 Southard Street

City Key West FL Zip Code 33040

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 Thomas J. DiDato

5/2/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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 P
NAME CIOFFI-DIDATO, THERESA
STREET ADDRESS 1600 RIVIERA STREET
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

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

TITLE S
NAME CIOFFI-DIDATO, THERESA C
STREET ADDRESS 1600 RIVIERA STREET
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

5/2/07 305-923-6431