

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90442 003 ***150.00

DOCUMENT # P03000134648

1. Entity Name
KEELAM USA, INC.



Principal Place of Business
**200 EAST LAS OLAS BLVD.
19TH FLOOR
FORT LAUDERDALE, FL 33301**

Mailing Address
**P.O. BOX 522
FORT LAUDERDALE, FL 33302**

40090724



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

3. Mailing Address

2808 NE 35 CT

2808 NE 35 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State
FT LAUD FL

City & State
FT LAUD FL

4. FEI Number
41-2123119

Applied For
Not Applicable

Zip
33308 Country
US

Zip
33308 Country
US

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

**MCNERNEY, MICHAEL J
200 E LAS OLAS BLVD STE 1900
FT LAUDERDALE, FL 33301**

Name
KENNETH J. JOYCE ESQ

Street Address (P.O. Box Number is Not Acceptable)
200 E. LAS OLAS BLVD STE 1900

City
FT LAUD FL Zip Code
33301

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, 2007 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
**D
SWALES, KEVIN
200 E. LAS OLAS BLVD., 19TH FLOOR
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCNERNEY, MICHAEL J
200 E. LAS OLAS BLVD., 19TH FLOOR
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
PETERS, STEPHEN J
2808 NE 45TH ST.
FORT LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWALES, KEVIN
2808 NE 35 CT
FT LAUD. FLA 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCNERNEY, MICHAEL J.
2732 NE 27 CT
FT LAUD. FLA 33306** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
PETERS, STEPHEN J.
2808 NE 35 CT
FT LAUD FLA 33306** ☒ Change ☐ Addition

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

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

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: **Michael J. McNerney, Director** 4/25/07 9547032121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #