

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



08262004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0424971** Applied For ☐ Not Applicable ☒

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

DOCUMENT # P03000138718

1. Entity Name
SAM KEY LOCKSMITH INC.

Principal Place of Business
**8145 NW 7 ST., #405
MIAMI, FL 33126**

Mailing Address
**8145 NW 7 ST., #405
MIAMI, FL 33126**

2. Principal Place of Business
8185 NW 7 Street

Suite, Apt., #, etc.
521

City & State
MIAMI, FLORIDA

Zip
33126

Country
USA

3. Mailing Address
8185 NW 7 Street

Suite, Apt., #, etc.
521

City & State
MIAMI, FLORIDA

Zip
33126

Country
USA

6. Name and Address of Current Registered Agent

VALDES, SAMUEL
8145 NW 7 ST., #405
MIAMI, FL 33126

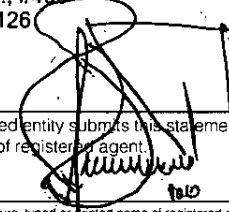
7. Name and Address of New Registered Agent

Name **Samuel Valdes**

Street Address (P.O. Box Number is Not Acceptable) **8185 NW 7 Street #521**

City **MIAMI** FL Zip Code **33126**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **8/25/04**

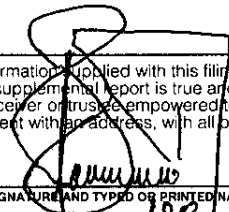
FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VALDES, SAMUEL 8145 NW 7 ST., #405 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SAMUEL VALDES 8185 NW 7 st. #521 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, SAMUEL 8145 NW 7 ST., #405 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL VALDES 8185 NW 7 st. #521 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating)

DATE **8/25/04** Daytime Phone #

-243

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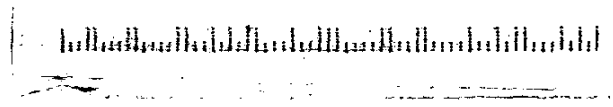
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Key Locksmith Inc.
North West 7 Street #521
Miami, FL 33126

RETURN TO SENDER/UNABLE TO FORWARD
4360 # 08.37 AUG 26
4894 MAILED FROM MIAMI, FL 3312

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

33126-4060 42



This was returned to us by mail on Friday 11/5/04
we had mail this letter originally on Aug. 26, 2004 - do not
know why it was returned - we took the address from the
internet - thank you for your understanding

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SAM KEY LOCKSMITH INC. SECRETARY OF STATE
8185 North West 7TH Street #521 TALLAHASSEE, FLORIDA
MIAMI, FLORIDA 33126

Doc. #P03000138718

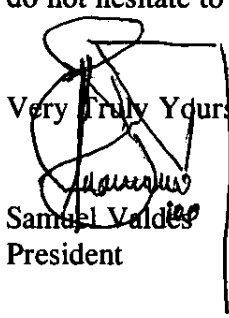
August 25, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2004. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$150.00 check with the annual report. I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,


Samuel Valdes
President