

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000018736

1. Entity Name

KEAL CORPORATION



APPROVAL
AND
FILED

1/2

05 JUN -9 PM 3:53

Principal Place of Business

10754 SW 173 TERRACE
MIAMI FL 33157

Mailing Address

10754 SW 173 TERRACE
MIAMI FL 33157

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

10785 SW 166 TERRACE

10785 SW 166 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N

1st MOORE

CR2E034 (10/04)

W

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

42-1618098

Applied For

Not Applicable

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

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

DARBEAU, BENETT
10812 N. KENDALL DRIVE
APT. #Q21
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 CEO ☐ Delete
NAME GIBBS, ALICIA
STREET ADDRESS 10754 SW 173 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000056154480
CITY-ST-ZIP 06/14/05--01051--001 **150.00

TITLE CT ☐ Delete
NAME WILLIAMS, KEITH
STREET ADDRESS 10754 SW 173 TERRACE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Alicia Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/05 305-253-8626

Date

Daytime Phone #

2/2

KEAL CORPORATION

10785 SW 166 TERRACE, MIAMI FL 33157

PHONE: (305)969 -2981

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
PO BOX 6850
TALLAHASSEE, FL 32314

Dear Sir /Madam

This letter is in reference to a phone conversation I had with a clerk at your office when I called in May to request a form to fill out my annual report. I was told I was suppose to receive one before May, which I didn't receive, I was told to send the \$150.00 and a letter saying that I didn't receive it. I am forwarding my letter and check to your office and will wait for a reply .

Thank you.

Alicia Gibbs
Alicia Gibbs 6/3/05