2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State
05-02-2005 90481 037 ***150.00

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DOCUMENT # P04000078474

1. Entity Name
AGGKEY, INC.

Principal Place of Business	Mailing Address
6278 N. FEDERAL HIGHWAY #507 FT. LAUDERDALE, FL 33308 US	6278 N. FEDERAL HIGHWAY #507 FT. LAUDERDALE, FL 33308 US

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3415 Dover Rd	3415 Dover Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33062 Country: USA	Zip: 33062 Country: USA

4. FEI Number 51-0507204 ☐ 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
DEE, WARREN 6278 N. FEDERAL HIGHWAY # 507 FT. LAUDERDALE, FL 33062	Name: Dee, Warren Street Address (P.O. Box Number is Not Acceptable): 302 SW 1st Ct City: Pompano Beach FL Zip Code: 33062

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] Warren Dee 4/19/05
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEE, WARREN 6278 N. FEDERAL HIGHWAY #507 POMPANO BEACH, FL 33062	☒ Delete	P Bruce, Ellen 3415 Dover Rd Pompano Beach, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Ellen Bruce 4/19/05 954-781-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #