

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000142150

1. Entity Name
KILEY REAL ESTATE, INC.



Principal Place of Business
120 EAST OAKLAND PARK BOULEVARD
SUITE 105
FORT LAUDERDALE, FL 33334-1106

Mailing Address
120 EAST OAKLAND PARK BOULEVARD
SUITE 105
FORT LAUDERDALE, FL 33334-1106

DO NOT WRITE IN THIS SPACE

01192008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1751692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, STUART S ESQ.
404 EAST ATLANTIC BOULEVARD
SUITE 101
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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
PST
KILEY, SUSAN M
120 EAST OAKLAND PARK BOULEVARD, SUITE 105
FORT LAUDERDALE, FL 333341106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KILEY, ROBERT E JR
120 E OAKLAND PK BLVD #105
FORT LAUDERDALE, FL 333341106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000000327019
02/21/08-80073-016 150.00

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IN THIS SPACE**

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 #

Susan M Kiley SUSAN M Kiley 2.12.08 954-229-2463