


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90061 003 \*\*\*158.75

DOCUMENT # P04000157827		
1. Entity Name DATKEY REMODELATION INC		

Principal Place of Business 2135 NORMANDY DRIVE APT 112 MIAMI BEACH, FL 33141	Mailing Address 2135 NORMANDY DRIVE APT 112 MIAMI BEACH, FL 33141
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2. Principal Place of Business - No P.O. Box # 7601 E. TREASURE DR Suite, Apt. #, etc. APT 721 City & State NORTH Bay Village, FL Zip 33141 Country U.S.	3. Mailing Address 7601 E. TREASURE DR Suite, Apt. #, etc. APT 721 City & State NORTH Bay Village, FL Zip 33141 Country U.S.
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6. Name and Address of Current Registered Agent SOSA, ALEJANDRA D 2135 NORMANDY DRIVE APT 112 MIAMI BEACH, FL 33141	7. Name and Address of New Registered Agent Name ALEJANDRA D. SOSA Street Address (P.O. Box Number is Not Acceptable) 7601 E. TREASURE DR APT 721 City NORTH Bay Village FL Zip Code 33141
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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 Alejandra Sosa V.P. 04/16/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOSA, DAVID F 2135 NORMANDY DRIVE APT 112 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7601 E. TREASURE DR APT 721 NORTH Bay Village, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOSA, ALEJANDRA D 2135 NORMANDY DRIVE APT 112 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7601 E. TREASURE DR APT 721 NORTH Bay Village, FL 33141
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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
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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 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: Alejandra Sosa 04/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40074224



04162007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1899159  
Applied For  
Not Applicable

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