

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122153

1. Entity Name
P&I KEYS DEVELOPMENT, INC.



Principal Place of Business
6600 N ANDREWS AVE STE 306
FT LAUDERDALE, FL 33309

Mailing Address
6600 N ANDREWS AVE STE 306
FT LAUDERDALE, FL 33309

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3455449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JABRO, JOHN A ESQ
90311 OVERSEAS HWY STE B
TAVERNIER, FL 33070

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000597801
01/24/07-80049-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILJA, PETER 99611 OVERSEAS HWY 250 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LILJA, IRIS 99611 OVERSEAS HWY 250 KEY LARGO, FL 33037
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 #

40118/07 305-4533200