

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084248

**FILED**  
**Sep 25, 2012**  
**Secretary of State**

**Entity Name:** ISLAND SAFARI TOURS KEY WEST, INC.

**Current Principal Place of Business:**

5001 5TH AVENUE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

908 TRINITY DRIVE  
UNIT 4  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 27-3669172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF SAMUEL J KAUFMAN PA  
1509 JOSEPHINE STREET  
SUITE 1  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RODRIGUEZ, ANGEL F SR  
**Address:** 908 TRINITY DRIVE UNIT 4  
**City-St-Zip:** KEY WEST, FL 33040 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ANGEL F RODRIGUEZ

P

09/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date