

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P38099

1. Entity Name
KEY WEST HOLDINGS, INC.



Principal Place of Business

**121 W LONG LAKE RD
THIRD FLOOR
BLOOMINGFIELD HILLS, MI 48304-2720**

Mailing Address

**121 W LONG LAKE RD
THIRD FLOOR
BLOOMINGFIELD HILLS, MI 48304-2720**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3036478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

U00000798172
01/30/08-80017-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KAUFMAN, STUART M.
STREET ADDRESS	121 S LONG LAKE RD, THIRD FLR
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483042720
TITLE	PST
NAME	KAUFMAN, STUART M.
STREET ADDRESS	121 W LONG LAKE RD, THIRD FLR
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483042720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

STUART M. KAUFMAN 1-22-08 248 645-1600

Date

Daytime Phone #