FILED
Feb 13, 2006 08
Secretary of S

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000039511

1. Entity Name

KEY WEST PARADISE CAFE, INC.

Principal Place of Business

1000 EATON ST.
KEY WEST FL 33040

Mailing Address

1000 EATON ST.
KEY WEST FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MICHAELS, MARY A
1000 EATON STREET
KEY WEST FL 33040

4. FEI Number 65-0419477

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 obligations of registered agent.

RE

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
er May 1, 2006 Fee Will Be $550.00
k Peyable to Florida Department of State

PD

OFFICERS AND DIRECTORS

CHAELS, MARY A.
00 EATON STREET
Y WEST FL

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

U00000429625
02/22/06-80016-011 150.00

☐ Change ☐ Addition

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d with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information ort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ress, with all other like empowered.

M Michaels

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06

Date

305-296-5001

Daytime Phone #