

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90034 036 ***150.00

DOCUMENT # P94000090479

1. Entity Name

ALLEN KEE PHOTOGRAPHIC, INC.



Principal Place of Business

Mailing Address

~~1521 ALTON ROAD~~ 6440 NE 4th CT
~~MIAMI, FL 33139~~ Miami, FL 33138
US

~~1521 ALTON ROAD~~ 6440 NE 4th CT
~~MIAMI, FL 33139~~ Miami, FL 33138
US

34063703



MOORE CR2E034 (11/03)

2. Principal Place of Business

6440 NE 4th CT

3. Mailing Address

6440 NE 4th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0551564

Applied For

Not Applicable

Zip

33138

Country

US

Zip

33138

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEE, ALLEN
1521 ALTON ROAD
367
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

Allen Kee

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

6440 NE 4th CT

City

Miami

FL

FL

Zip Code

33138

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

Allen Kee, President

Allen Kee

3/25/04

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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, KEE	
STREET ADDRESS	1521 ALTON ROAD # 367	change Address
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	Allen Kee	
STREET ADDRESS	6440 NE 4th CT	
CITY-ST-ZIP	Miami, FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Allen Kee Allen Kee

3/25/04 (305) 754-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #