


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000011334 1. Entity Name KEY WEST ENTERTAINMENT GROUP, INC.		
Principal Place of Business 819 PEACOCK PLAZA SUITE 655 KEY WEST, FL 33040	Mailing Address 819 PEACOCK PLAZA SUITE 655 KEY WEST, FL 33040	



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736116	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 STEIN, GARY ONE S.E. THIRD AVENUE SUITE 2600 MIAMI, FL 33131
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**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COHEN, KEITH D 819 PEACOCK PLAZA, SUITE 655 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COHEN, CHERI L % 819 PEACOCK PLAZA, SUITE 655 KEY WEST, FL 33040
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IN THIS SPACE**

U00000714290
04/27/07-80018-006 150.00

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 #

KEITH D. COHEN PRES

4/17/07

305 849-6552