

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000046794

1. Entity Name

STAR KEY TRADING COMPANY, INC.



FILED

04 OCT -6 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business

5604 N ARMENIA AVE
TAMPA FL 33614
US

Mailing Address

POB 15516
TAMPA FL 33684
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3450799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, VICTOR
6205 N. ARMENIA AVENUE
TAMPA FL 33604

Name STAR KEY TRADING CO. INC.
Street Address (P.O. Box Number is Not Acceptable)
5602 N. ARMENIA AVE.
TAMPA
City FL Zip Code 33603

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

Victor M. Gonzalez
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10-03-04
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME GONZALEZ, VICTOR ☒ Delete
STREET ADDRESS 6205 N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800041636248
CITY-ST-ZIP 10/06/04--01016--025 **150.00

TITLE PSTD
NAME GONZALEZ VICTOR ☐ Delete
STREET ADDRESS 5602 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Victor M. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-3-04 813-546-4037