

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100533

Entity Name: KEY WEST AWARDS, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

916-B KENNEDY DR.
KENNEDY PLAZA
KEY WEST, FL 33040

New Principal Place of Business:

1135 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

916-B KENNEDY DR.
KENNEDY PLAZA
KEY WEST, FL 33040

New Mailing Address:

1135 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

FEI Number: 65-0796190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILZA, WILLIAM L JR
916-B KENNEDY DR.
KENNEDY PLAZA
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MILZA, WILLIAM L JR
1135 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: WILLIAM L MILZA JR

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILZA, GLADYS E
Address: 916-B KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040

Title: VSD () Delete
Name: MILZA, WILLIAM L JR
Address: 916-B KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: MILZA, JENNIFER E
Address: 916-B KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILZA, GLADYS E
Address: 1135 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VSD (X) Change () Addition
Name: MILZA, WILLIAM L JR
Address: 1135 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD (X) Change () Addition
Name: MILZA, JENNIFER E
Address: 1135 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS MILZA

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date