

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90190 015 ***150.00

DOCUMENT # P97000101301

1. Entity Name
KEITH & BALLBE' INVESTMENTS, INC.



Principal Place of Business
**2201 WEST PROSPECT ROAD
SUITE 100
FORT LAUDERDALE, FL 33309**

Mailing Address
**2201 WEST PROSPECT ROAD
SUITE 100
FORT LAUDERDALE, FL 33309**

50017162



2. Principal Place of Business
Post Office box 1017
Suite, Apt. #, etc.

3. Mailing Address
Post Office box 1017
Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State
Boynton Beach FL
Zip
33425
Country
Palm Beach

City & State
Boynton Beach, FL
Zip
33425
Country
Palm Beach

4. FEI Number
65-0808447
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BALLBE, CARLOS
2201 WEST PROSPECT ROAD
SUITE 100
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Jonathan W. Keith
Street Address (P.O. Box Number is Not Acceptable)
641 Shore Drive
City
Boynton Beach FL Zip Code
33435

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)

4/25/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD KEITH, JONATHAN WAYNE 641 SHORE DR BOYTON BCH, FL 33345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BALLIBE, CARLOS JOSE 602 SOUTH LAKE DRIVE LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Ballbe, Carlos Jose 4401 West Tradewinds Ave #201 Lauderdale By The Sea FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/25/06
Date

561.735.2828
Daytime Phone #