

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 049 ***150.00

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| DOCUMENT # P98000064273 | |  | |
| 1. Entity Name LOCKEY CORP. | | | |
| Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | | Mailing Address 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | |
| 2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | |
| City & State Coral Gables, FL | | City & State | |
| Zip 33134 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent FABRE, FRANK R 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name FABRE, FRANK R.S. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables FL Zip Code 33134 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VISANI, CLAUDIO <input checked="" type="checkbox"/> Delete 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VISANI, CLAUDIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 Country Club Prado Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VISANI, CLAUDIA <input checked="" type="checkbox"/> Delete 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VISANI, CLAUDIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 Country Club Prado Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV VISANI, CLAUDIO A <input checked="" type="checkbox"/> Delete 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV VISANI, CLAUDIO A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 Country Club Prado Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FABRE, FRANK R <input checked="" type="checkbox"/> Delete 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS FABRE, FRANK R.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 Country Club Prado Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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: <i>Claudio Visani</i> | | <i>Claudio Visani</i> 4/13/07 305-716-8393 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | |

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03102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0857278 Applied For Not Applicable

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