


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000064273</b> 1. Entity Name LOCKEY CORP.	
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Principal Place of Business 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	Mailing Address 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0857278	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

FABRE, FRANK R  
2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000912201 05/07/08-80071-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VISANI, CLAUDIO 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VISANI, CLAUDIA 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VISANI, CLAUDIO A 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

4/11/08 305-264-1021  
Date Daytime Phone #