2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000052124

1. Entity Name
SOUTHERN STAR OF KEY WEST, INC.

Principal Place of Business	Mailing Address
5505 5TH AVENUE	5505 5TH AVENUE
KEY WEST, FL 33040	KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02012006   No Chg-P   CRZE034 (11/05)

4. FEI Number	Applied For
65-0925830	Not Applicable

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

6. Name and Address of Current Registered Agent

BRAMSON, LISA
5505 5TH AVENUE
KEY WEST, FL 33040

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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)   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	DR.	
NAME	BRAMSON, LISA	
STREET ADDRESS	528 HAMMOCK DRIVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	MR.	
NAME	OWENS, JOHN M IV	
STREET ADDRESS	528 HAMMOCK DRIVE	
CITY-ST-ZIP	KEY WEST, FL 33040	

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03/20/06-80005-024 150.00

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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: X _____ LISA BRAMSON   3/1/06   305 294 5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #