## 2004 FOR PROFIT CORPORATION

## Aug 04, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # P99000070185** 1. Entity Name 08-04-2004 90014 005 \*\*\*163.75 KEA CONSTRUCTION INC. Principal Place of Business Mailing Address 4960 SW 52 STREET 4960 SW 52 STREET 36999016 STE 415 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address CR2E034 (4/04) 4. FEI Number Applied For 65-0933395 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BENITEZ, VALDEMAR 220 SW 64TH WAY PEMBROKE PINES FL 33023 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition BENITEZ, VALDEMAR NAME NAME STREET ADDRESS 220 SW 64TH WAY STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENITEZ, ALMA NAME 220 SW 64TH WAY STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33023 CfTY-ST-7IP CITY-ST-ZIP TITLE Delete . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is changed, or on an attachment with an address, with all other the empowered.

**FILED**