

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S60799

1. Entity Name
ALL FLORIDA KEYS PROPERTY MANAGEMENT, INC.



Principal Place of Business

**3399 NORTHWEST 72ND AVENUE
SUITE 206
MIAMI, FL 33122 US**

Mailing Address

**3399 NORTHWEST 72ND AVENUE
SUITE 206
MIAMI, FL 33122 US**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2ED34 (11/05)

4. FEI Number
65-0267759

Applied F
Not App

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRAHL, JOHN T
2801 PONCE DE LEON BLVD
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 -- the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

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	PD
NAME	FERNANDEZ, JUAN
STREET ADDRESS	3399 N.W. 72ND AVE. SUITE 206
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000474636
04/04/06-80034-001 150.00

**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 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

**JUAN
FERNANDEZ** 3/15/06 305-577-
Date Daytime Phone