


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # 432851 1. Entity Name SOUTH KEY REST CORP	
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Principal Place of Business 1010 SEAWANE DRIVE HEWLETT HARBOR, NY 11557-2604	Mailing Address 1010 SEAWANE DRIVE HEWLETT HARBOR, NY 11557-2604
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02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2374051	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 GUZZONE, SAL M C/O CAMPBELL & ROSEMURGAY REAL ESTATE 1233 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHLUSSEL, LEONARD
STREET ADDRESS	1010 SEAWANE DRIVE
CITY-ST-ZIP	HEWLETT HARBOR, NY
TITLE	DT
NAME	SCHLUSSEL, IRVING
STREET ADDRESS	1010 SEAWANE DRIVE
CITY-ST-ZIP	HEWLETT HARBOR, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/07-80014-007 150.00

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irving Schlusssel IRVING SCHLUSSEL 2/12/07 514-792-2591

SIGNATURE + TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY TIME PHONE