

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737455

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: KEY BISCAYNE VI, INC.

## Current Principal Place of Business:

201 & 251 GALEN DRIVE  
SUITE 1  
KEY BISCAYNE, FL 33149 US

## New Principal Place of Business:

201 & 251 GALEN DRIVE  
KEY BISCAYNE, FL 33149 US

## Current Mailing Address:

% GRIFFIN REALTY, INC  
2050 CORAL WAY #305  
MIAMI, FL 33145 US

## New Mailing Address:

FEI Number: 59-1820209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFIN REALTY INC  
2050 CORAL WAY #305  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: PAULIN, JOSE  
Address: 261 GALEN DR. #312  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: NELSON, ELISE  
Address: 251 GALEN DR. #103  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete  
Name: PORTELA, MARY L  
Address: 251 GALEN DR. #310  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P ( ) Delete  
Name: LOPEZ, JOSE  
Address: 607 OCEAN DR. #8-K  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: CANTIO, JOHN  
Address: 201 GALEN DR. #112  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: BLACK, PETER  
Address: 201 GALEN DR. #215  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALVAREZ, LUPITA  
Address: 201 GALEN DR. #302  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LOPEZ

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date