


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004986

1. Entity Name
 KEY BISCAYNE RETAIL CONDOMINIUM ASSOCIATION INC.



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|--|--|
| Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 | Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 |
|--|--|



01092006 No Chg-NP CR2E037 (11/05)

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|---|------------------------------------|
| 4. FEI Number 65-1122962 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
 2 ALHAMBRA PLAZA PH1B
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRAGA, ANTONIO O 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT NUNEZ, RAUL 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUBIN, MICHAEL 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/13/06-80036-019 61.25

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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 617, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____