

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90013 007 \*\*\*\*61.25

**DOCUMENT # N01000004986**

1. Entity Name

**KEY BISCAVNE RETAIL CONDOMINIUM ASSOCIATION  
INC.**



Principal Place of Business

**2665 SOUTH BAYSHORE DR  
SUITE 302  
COCONUT GROVE, FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DR  
SUITE 302  
COCONUT GROVE, FL 33133**

**40034731**



**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-1122962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.  
2 ALHAMBRA PLAZA PH1B  
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 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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRAGA, ANTONIO O  
STREET ADDRESS 2665 SOUTH BAYSHORE DR SUITE 302  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VPT  
NAME NUNEZ, RAUL  
STREET ADDRESS 2665 SOUTH BAYSHORE DR SUITE 302  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE S  
NAME RUBIN, MICHAEL  
STREET ADDRESS 2665 SOUTH BAYSHORE DR SUITE 302  
CITY-ST-ZIP COCONUT GROVE, FL 33133

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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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 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

**2/25/2008 305-800-7300**  
Date Daytime Phone #