2005 FOR PROFIT CORPORATION

FILED Jan 21, 2005 8:00 am

ANNUAL REPORT				Secretary of State		
DOCUMENT # P0000071478 1. Entity Name KEY MASTER PLUS, INC.				¬	20049 026 ***150.00	
Principal Plac	e of Business	Mailing Address				
10220 SW 139TH CT 10220 SW 139TH CT MIAMI, FL 33186 MIAMI, FL 33186			•	50004725		
2. Principal P	lace of Business	3. Mailing Address	5TH Avenue			
7388 SW 56 TH Avenue 7388 SW Suite, Apl. #, etc. Suite, Apl. #, etc.			o Hvenue	01172005 Chg-P	CR2E034 (10/03)	
City & Stat	ů, FL	Miani, FL		4. FEI Number 65-1029143	Applied For Not Applicable	
33 <u>14</u>	43_ Country DSA	Zip 33143	Country USA.	5. Certificate of Status Desired	\$8.75 Additional Fce Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New R	egistered Agent	
QUIROZ, CESAR 10220 SW 139TH CT MIAMI, FL 33186			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
1011/2001, 1 2	00100		City		FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or regist	ered agent, or both, in the State of Flo		
SIGNATURE.					- David	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Hi	egistered Agent signature requir	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ided to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11	
TITLE	PST OF OAR	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	QUIROZ, CESAR 10220 SW 139TH CT		NAME STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street Address			name Street address	•	•	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME SESSEE LOODESS			NAME STREET ADORESS	-		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•		
TITLE		□ Detete	TITLE		Change Addition	
HAME			NAME			
STREET ADDRESS CETY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
HAME	:		NAME CTREET ANDRESS			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or autiplemental report is true and accurate ain 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 trustae 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

CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR , SIGNATURE AND TYPED OR PRINT

Date Oaytime Phone #