

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-04-2005 90064 040 ****50.00
04-13-2005 90032 034 ***100.00

DOCUMENT # P03000111759

1. Entity Name

CORAL KEYS GROUP, INC.

Principal Place of Business
c/o Jose A. Rodriguez, Esq.

Mailing Address
c/o Jose A. Rodriguez, Esq.

2. Principal Place of Business
100 SE 2nd Street

3. Mailing Address
100 SE 2nd Street

Suite, Apt. #, etc.
Suite 2900

Suite, Apt. #, etc.
Suite 2900

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-0303157

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name
Jose A. Rodriguez, Esq.
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. Second Street
Suite 2900
City
Miami FL Zip
33131

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and State if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/05
DATE

FEE IS \$50.00
DUE BY MAY 1, 2005

Make Check Payable to
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P
Mathew J. Cicero Delete
150 Alhambra Circle, Suite 1270
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P Change Addition
Mathew J. Cicero
100 SE 2nd Street, Suite 2900
Miami, FL 33131

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPT Delete
Aleida Cobo
150 Alhambra Circle, Suite 1270
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPT Change Addition
Aleida Cobo
100 SE 2nd Street, Suite 2900
Miami, FL 33131

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SVP Delete
Jose A. Rodriguez
150 Alhambra Circle, Suite 1270
Coral Gables, FL 33134

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SVP Change Addition
Jose A. Rodriguez
100 SE 2nd Street, Suite 2900
Miami, FL 33131

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature]

2/10/05
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #