

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 012 ***150.00

DOCUMENT # P93000015502					
1. Entity Name KEY REALTY ADVISORS, INC.					
Principal Place of Business 3006 AVIATION AVE 2-A COCONUT GROVE, FL 33133 US			Mailing Address 3006 AVIATION AVE 2-A COCONUT GROVE, FL 33133 US		
2. Principal Place of Business 2601 South Bayshore Drive Suite # 200 Miami, FL 33133 USA		3. Mailing Address 2601 South Bayshore Drive Suite # 200 Miami, FL 33133 USA			
04142004 Chg-P CR2E034 (10/03)		4. FEI Number 65-0391567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent AVILA, EDUARDO 3006 AVIATION AVE SUITE 2-A COCONUT GROVE, FL 33133			
7. Name and Address of New Registered Agent Name: AVILA, EDUARDO Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive Suite # 200 City: Miami FL Zip Code: 33133		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: 4/19/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PS NAME: AVILA, EDUARDO STREET ADDRESS: 3006 AVIATION AVE STE 2-A CITY-ST-ZIP: COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE: AVILA, EDUARDO NAME: AVILA, EDUARDO STREET ADDRESS: 2601 South Bayshore Drive # 200 CITY-ST-ZIP: Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DV NAME: AVILA, NEYDA E STREET ADDRESS: 3006 AVIATION AVE 2-A CITY-ST-ZIP: MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE: AVILA, NEYDA E NAME: AVILA, NEYDA E STREET ADDRESS: 2601 South Bayshore Drive # 200 CITY-ST-ZIP: Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 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 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: 			4/19/04 (305) 857-0400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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