

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000015502

1. Entity Name  
KEY REALTY ADVISORS, INC.



Principal Place of Business  
2601 SOUTH BAY SHORE DR., STE 200  
COCONUT GROVE, FL 33133 US

Mailing Address  
2601 SOUTH BAY SHORE DR., STE 200  
2-A  
COCONUT GROVE, FL 33133 US



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0391567

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AVILA, EDUARDO  
2601 SOUTH BAY SHORE DR., STE 200  
COCONUT GROVE, FL 33133

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME AVILA, EDUARDO  
STREET ADDRESS 2601 SOUTH BAY SHORE DR., STE 200  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DV  
NAME AVILA, NEYDA E  
STREET ADDRESS 2601 SOUTH BAY SHORE DR., STE 200  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000356283  
05/04/05-90030-001 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #