2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90686 001 ***300.00 DOCUMENT # P93000015502 KEY REALTY ADVISORS, INC. Principal Place of Business Mailing Address 2601 SOUTH BAY SHORE DR., STE 200 2601 SOUTH BAY SHORE DR., STE 200 66010505 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0391567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVILA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAY SHORE DR., STE 200 COCONUT GROVE, FL 33133 City Zip Code FI 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 reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS PS ☐ Delete Addition FITT F Change : TITLE AVILA, EDUARDO NAME NAME STREET ADDRESS 2601 SOUTH BAY SHORE DR., STE 200 STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP COCOUNT GROVE, FL 33133 Delete TITLE ☐ Change ☐ Addition TITLE AVILA, NEYDA E NAME NAME 2601 SOUTH BAY SHORE DR., STE 200 STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP DVP ✓ Addition Defete TITLE ☐ Change AVILA CARLOS 2601 S. BAYSHORE #200 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change **Addition** IIII F AVILA, INDIALETTICIA 2601 S. BAYSHORE #200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI, FL 33133 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Delete TITLE ☐ Change ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of this personnel is 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 attache with all other like empowered.

SIGNATURE:

EDUARDO AVILA VED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

305-857-0400

FILED