


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90028 008 \*\*\*150.00

**DOCUMENT # P97000096123**

1. Entity Name  
**KEYSTONE AVIATION, CORP.**



Principal Place of Business      Mailing Address

14785 NW 24TH CT.      14785 NW 24TH CT.  
 OPA-LOCKA, FL 33054      OPA-LOCKA, FL 33054

2. Principal Place of Business      3. Mailing Address

**9365 NW 101 St.**      **9365 NW 101 St.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**MEDLEY, FL**      **MEDLEY, FL**

Zip      Country      Zip      Country

**33178**      **USA**      **33178**      **USA**

**40035421**



03162006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For

**65-0792687**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**GONZALEZ, RICARDO C**  
**7824 SW 57 TERRACE**  
**MIAMI, FL 33143**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Ricardo Gonzalez*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust-Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, RICARDO C</b>	NAME	
STREET ADDRESS	<b>7824 SW 57 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYNECUTT, TED E</b>	NAME	
STREET ADDRESS	<b>7824 SW 57 TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Ricardo Gonzalez*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR