

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004986**

1. Entity Name  
**KEY BISCAYNE RETAIL CONDOMINIUM ASSOCIATION  
INC.**



Principal Place of Business

**2299 DOUGLAS ROAD  
4TH FLOOR  
MIAMI, FL 33145**

Mailing Address

**2299 DOUGLAS ROAD  
4TH FLOOR  
MIAMI, FL 33145**



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1122962**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.  
2 ALHAMBRA PLAZA PH1B  
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FRAGA, ANTONIO O  
2299 DOUGLAS ROAD 4TH FLOOR  
MIAMI, FL 33145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
NUNEZ, RAUL  
2299 DOUGLAS ROAD 4TH FLOOR  
MIAMI, FL 33145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RUBIN, MICHAEL  
2299 DOUGLAS ROAD 4TH FLOOR  
MIAMI, FL 33145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000549893  
05/13/06-80036-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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 #