2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90013 007 ****61.25

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1. Entity Name
KEY BISCAYNE RETAIL CONDOMINIUM ASSOCIATION INC.

40034731

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DR SUITE 302 COCONUT GROVE, FL 33133	2665 SOUTH BAYSHORE DR SUITE 302 COCONUT GROVE, FL 33133

01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1122962
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAGA, ANTONIO O
STREET ADDRESS	2665 SOUTH BAYSHORE DR SUITE 302
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VPT
NAME	NUNEZ, RAUL
STREET ADDRESS	2665 SOUTH BAYSHORE DR SUITE 302
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	S
NAME	RUBIN, MICHAEL
STREET ADDRESS	2665 SOUTH BAYSHORE DR SUITE 302
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/25/2008 305-800-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #