

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069741

Entity Name: KEY CHAINS PLUS II, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

BOX 4132  
HALLANDALE, FL 33008 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4132  
HALLANDALE, FL 33008 US

**New Mailing Address:**

FEI Number: 36-4534162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTZER, CRAIG A CPA  
1713 NW 79 AVENUE  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

WALTZER, CRAIG A CPA  
2025 NE 198 TERRACE  
MIAMI, FL 33179 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/26/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: ROSALER, ERIC M  
Address: P.O. BOX 4132  
City-St-Zip: HALLANDALE, FL 33008 US

Title: V,D  
Name: KORENSTEIN, NEAL  
Address: P.O. BOX 4132  
City-St-Zip: HALLANDALE, FL 33008 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC M ROSALER

PD

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date