

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063517

**Entity Name:** KEY BISCAYNE GATEWAY PARTNERS, INC.

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC9433375379**

**Current Principal Place of Business:**

30 WEST MASHTA DRIVE  
400  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

30 WEST MASHTA DRIVE  
400  
KEY BISCAYNE, FL 33149

**FEI Number: 45-2814524**

**Certificate of Status Desired: No**

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

PUYANIC, MAX D  
30 WEST MASHTA DRIVE  
400  
KEY BISCAYNE, FL 33149 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PUYANIC, MAX D  
Address 30 WEST MASHTA DRIVE, SUITE 400  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name PUYANIC, DAVID A  
Address 30 WEST MASHTA DRIVE, SUITE 400  
City-State-Zip: KEY BISCAYNE FL 33149

Title S,T  
Name PUYANIC, DAVID A  
Address 30 WEST MASHTA DRIVE, SUITE 400  
City-State-Zip: KEY BISCAYNE FL 33149

*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: MAX D PUYANIC**

**CEO**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date