


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90018 031 \*\*\*150.00

<b>DOCUMENT # 612736</b>			
1. Entity Name KEG PLAZA, INC.			
Principal Place of Business 1816 N PINE ISL. RD PLANTATION FL 33322		Mailing Address <del>8651 GATHOUSE RD</del> <del>PLANTATION FL 33324</del> <del>US</del> <i>Moved</i>	
2. Principal Place of Business		3. Mailing Address <i>1816 N. Pine Isl. Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PLANTATION, FL</i>	
City & State		City & State <i>33319 BROWARD</i>	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-1944153</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>EISENBERG, WILLIAM H.</b> <b>1816 N. PINE ISLAND ROAD</b> <b>PLANTATION FL 33322</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, WM. <del>8651 GATEHOUSE RD</del> <del>PLANTATION FL 33324</del> <i>Address change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, WM. 7200 RADICE COURT # 201 LAUDERHILL, FL 33319 <i>Change Address change moved</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EISENBERG, MYRNA <del>8651 GATEHOUSE ROAD</del> <del>PLANTATION FL 33324</del> <i>Address change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MYRNA EISENBERG 7200 RADICE CT # 201 LAUDERHILL, FL 33319 <i>Change Address change moved</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** WILLIAM EISENBERG *4/8/05* (954) 714-5070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #