

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90293 011 \*\*\*\*61.25

**DOCUMENT # 737455**

1. Entity Name  
KEY BISCAVNE VI, INC.



Principal Place of Business  
201 & 251 GALEN DRIVE  
SUITE 1  
KEY BISCAVNE, FL 33149 US

Mailing Address  
% GRIFFIN REALTY, INC  
2050 CORAL WAY #305  
MIAMI, FL 33145 US

60025940



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1820209

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRIFFIN REALTY INC  
2050 CORAL WAY #305  
MIAMI, FL 33145

**7. Name and Address of New Registered Agent**

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

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, CESAR	
STREET ADDRESS	251 GALEN DR, #203	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORA, ELENA	
STREET ADDRESS	251 GALEN DR #210	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE	
STREET ADDRESS	607 OCEAN DR. #8-K	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GHORAYEB, ANTHONY	
STREET ADDRESS	251 GALEN DR #306	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'OTTONE, LUCA	
STREET ADDRESS	251 GALEN DRIVE # 305	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, ELSIE	
STREET ADDRESS	251 GALEN DRIVE # 103	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	
TITLE	DSVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, PETER	
STREET ADDRESS	201 GALEN DRIVE, # 215	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTIO JOHN	
STREET ADDRESS	201 GALEN DR, # 112	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'OTTONE, LOURDES	
STREET ADDRESS	251 GALEN DRIVE # 305	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	

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 #

✓ 03/30/06 ✓ 305.975.0897