


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90046 043 \*\*\*\*\*61.25

<b>DOCUMENT # 737455</b> 1. Entity Name <b>KEY BISCAVNE VI, INC.</b>					
Principal Place of Business <b>201 &amp; 251 GALEN DRIVE SUITE 1 KEY BISCAVNE, FL 33149 US</b>			Mailing Address <b>% GRIFFIN REALTY, INC 2050 CORAL WAY #305 MIAMI, FL 33145 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1820209</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIFFIN REALTY INC 2050 CORAL WAY #305 MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAULIN, JOSE</b>		NAME		
STREET ADDRESS	<b>261 GALEN DR. #312</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NELSON, ELISE</b>		NAME		
STREET ADDRESS	<b>251 GALEN DR., #103</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>		CITY-ST-ZIP		
TITLE	S.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PORTELA, MARY L</b>		NAME		
STREET ADDRESS	<b>251 GALEN DR. #310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, JOSE</b>		NAME		
STREET ADDRESS	<b>607 OCEAN DR. #8-K</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CANTIO, JOHN</b>		NAME		
STREET ADDRESS	<b>201 GALEN DR., #112</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VP BLACK, PETER</b>	
STREET ADDRESS			STREET ADDRESS	<b>201 GALEN DR. #215</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>KEY BISCAVNE, FL 33149</b>	
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.					
<b>SIGNATURE:</b> <i>Jose G. Lopez</i> <b>Jose G. Lopez President</b>			Date _____ Daytime Phone # <b>(786 351-2383)</b>		

**40078858**



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