

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 048 ****70.00

DOCUMENT # 770446

1. Entity Name
**KEYES-KANTER-PARKER WAREHOUSE ASSOCIATION,
INC.**



Principal Place of Business
**14352 SW 142ND AVENUE
MIAMI, FL 33186**

Mailing Address
**C/O BILL EISNOR, INC MGR
14352 SW 142ND AVE
MIAMI, FL 33186 US**

40115641



01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2380522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ETSNOR, WILLIAM L SR~~ Mary Lou Edelstein, Esq.
~~14352 SW 142ND AVENUE~~ 1238 Anastasia Ave.
~~MIAMI, FL 33186~~ Coral Gables, FL 33134

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IN THIS SPACE**

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 Mary Lou Edelstein, Pres. *[Signature]* 4/30/07
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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	President/Director
NAME	W.J. EISNOR SR.	Mary Lou Edelstein
STREET ADDRESS	14352 S.W. 142 AVENUE	1238 Anastasia Ave.
CITY-ST-ZIP	MIAMI, FL 33186	Coral Gables, FL
TITLE	DST	
NAME	LOUISE A. EISNOR,	
STREET ADDRESS	14352 S.W. 142 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	DVP	Vice Pres./Director
NAME	STEVEN A. EDELSTEIN,	Gisela Eckel
STREET ADDRESS	2720 COUNTRY CLUB PRADO	14238-40 SW 139 Ct
CITY-ST-ZIP	CORAL GABLES, FL 33134	Miami, FL 33186
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE**

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]* 4/30/07 305-233-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #