


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90442 043 ***158.75

DOCUMENT # 843321

1. Entity Name
KEY VENTURES N.V., INC.



Principal Place of Business
**13400 POLO RD WEST
 C202
 W. PALM BEACH, FL 33414**

Mailing Address
**13400 POLO RD WEST
 C 202
 W. PALM BEACH, FL 33414 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2056819

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**URREIZTIETA, OSCAR
 14390 PALM BEACH POINT BLVD.
 WEST PALM BEACH, FL 33134**

7. Name and Address of New Registered Agent
 Name **URREIZTIETA, OSCAR**
 Street Address (P.O. Box Number is Not Acceptable)
~~13400 POLO RD WEST~~
C 202
 City **W. Palm Beach** FL Zip Code **33414**

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]* *[Signature]* **04/22/04**
Signature, Word or Printed Name of Registered Agent and Title if Applicable. (NOTE: Registered Agent signature req. and when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|-----------------------------|---------------------------|---------------------------------|
| PD | URREIZTIETA, OSCAR | 13400 POLO RD WEST APT C202 | WEST PALM BEACH, FL 33414 | <input type="checkbox"/> |
| D | URRIEZTIETA, CARLOTA | 1881 WASHINGTON AVE | MIAMI BEACH, FL 33139 | <input type="checkbox"/> |
| D | URREIZTIETA, VIRGINIA | 1881 WASHINGTON AVE | MIAMI BEACH, FL 33139 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------------|--------------------------|-----------------------|-------------------------------------|-----------------------------------|
| D | URREIZTIETA, CARLOTA | 1508 Bay Road, Apt 1427 | Miami Beach, FL 33139 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | URREIZTIETA, VIRGINIA | 1508 Bay Road, Apt. 1427 | Miami Beach, FL 33139 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 full other like empowered.

SIGNATURE: *[Signature]* **04/22/04** **561-753-5542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #