
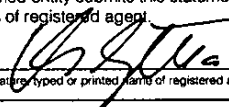
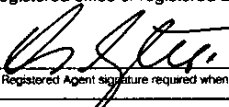
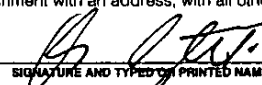


**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90149 014 \*\*\*163.75

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

40052487

<b>DOCUMENT # 843321</b> 1. Entity Name <b>KEY VENTURES N.V., INC.</b>			
Principal Place of Business <b>13400 POLO RD WEST          C202          W. PALM BEACH, FL 33414</b>		Mailing Address <b>13400 POLO RD WEST          C 202          W. PALM BEACH, FL 33414 US</b>	
2. Principal Place of Business <b>2101 Brickell Av.          Suite, Apt. #, etc.          # 806</b>		3. Mailing Address <b>2101 Brickell Av          Suite, Apt. #, etc.          # 806</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33129</b>		Zip <b>33129</b>	
Country 		Country 	
4. FEI Number <b>59-2056819</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>URREIZTIETA, OSCAR          13400 POLO RD WEST C202          WEST PALM BEACH, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>URREIZTIETA, OSCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 BRICKELL AV.          # 806</b> City <b>MIAMI</b> FL Zip Code <b>33129</b>	
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 typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE <b>April 06, 05</b>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>URREIZTIETA, OSCAR</b>	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>URREIZTIETA, OSCAR</b>
STREET ADDRESS <b>13400 POLO RD WEST APT C202</b>	<b>WEST PALM BEACH, FL 33414</b>	STREET ADDRESS <b>2101 Brickell Av. # 806</b>	<b>Miami, FL 33129</b>
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33414</b>		CITY-ST-ZIP <b>Miami, FL 33129</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>URRIEZTIETA, CARLOTA</b>	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1508 BAY RD APT 1427</b>	<b>MIAMI BEACH, FL 33139</b>	STREET ADDRESS 	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP 	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>URREIZTIETA, VIRGINIA</b>	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1508 BAY RD APT 1427</b>	<b>MIAMI BEACH, FL 33139</b>	STREET ADDRESS 	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME <b>URREIZTIETA, MARIA E.</b>	
STREET ADDRESS 		STREET ADDRESS <b>1508 BAY RD APT 1427</b>	
CITY-ST-ZIP 		CITY-ST-ZIP <b>MIAMI BEACH, FL 33129</b>	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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: 		April/06/05 305 860 9098	
Signature and typed or printed name of signing officer or director <b>OSCAR URREIZTIETA</b>		Date Daytime Phone #	