


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # K80422**

1. Entity Name  
**KEYSTONE BUILDING, INC.**



FILED  
03 JUN -4 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5399 N DIXIE HWY  
FT. LAUDERDALE, FL 33334

Mailing Address  
5399 N DIXIE HWY  
FT. LAUDERDALE, FL 33334

2. Principal Place of Business  
c/o Gregory J. Blodig, Esq.  
Suite, Apt. #, etc.  
100 W. Cypress Creek Rd.  
Suite 700  
Ft. Lauderdale, FL

3. Mailing Address  
c/o Gregory J. Blodig, Esq.  
Suite, Apt. #, etc.  
100 W. Cypress Creek Rd.  
Suite 700  
Ft. Lauderdale, FL



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country  
33309 Country 33309 Country

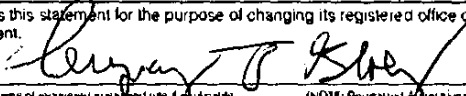
4. FEI Number **65-0121815** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**COHEN, ALBERT J  
6399 N. DIXIE HIGHWAY  
SUITE 410  
FORT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent  
Name **Gregory J. Blodig, Esq.**  
Street Address (P.O. Box Number is Not Acceptable) **Greenspoon, Marder et al**  
**100 W. Cypress Creek Rd., Ste. 700**  
City **Ft. Lauderdale** FL Zip Code **33309**

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  DATE **6/3/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when remaining)

**FILE NOW! FEES \$100.00**  
**After May 1, 2003 Fee will be \$60.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS


TITLE NAME P COHEN, ALBERT J. STREET ADDRESS 6399 NORTH DIXIE HIGHWAY, SUITE 215 CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P COHEN, ALBERT J. STREET ADDRESS c/o Gregory J. Blodig, Esq. 100 W. Cypress Creek Rd., Suite 700 Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200020530962**

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:  Albert Cohen, President DATE **6/3/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 118304 4328353

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 550.00

ORDER DATE : June 4, 2003

ORDER TIME : 1:09 PM

ORDER NO. : 118304-005

CUSTOMER NO: 4328353

CUSTOMER: Debby Opperude  
Greenspoon Marder Hirschfeld  
100 West Cypress Creek Road  
Trade Centre South #700  
Ft. Lauderdale, FL 33309

RECEIVED  
03 JUN -4 PM 2:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: KEYSTONE BUILDING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_