2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L37853

1. Entity Name
KEY CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD STE 603 MIAMI, FL 33156	PO BOX 561009 MIAMI, FL 33256-1009

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0161733

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, JOHN M.
9500 S DADELAND BLVD 603
MIAMI, FL 33156

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000472183
03/23/06-80026-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, JOHN M
STREET ADDRESS	9500 S DADELAND BLVD 603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	LEWIS, LEE M.
STREET ADDRESS	9500 DADELAND BLVD #603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	FALK, VICTOR S.
STREET ADDRESS	9500 S. DADELAND BLVD. 603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	SILVER, JEFFREY A.
STREET ADDRESS	9500 S. DADELAND BLVD. 603
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: John M. Lewis John M Lewis 3/8/06 305-670-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #