

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87209

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: KEYES ASSET MANAGEMENT, INC.

## Current Principal Place of Business:

2121 SW 3RD AV  
7FL  
MIAMI, FL 33129 US

## New Principal Place of Business:

2121 SW 3RD AV  
5FL  
MIAMI, FL 33129 US

## Current Mailing Address:

2121 SW 3RD AV  
7FL  
MIAMI, FL 33129 US

## New Mailing Address:

2121 SW 3RD AV  
5FL  
MIAMI, FL 33129 US

FEI Number: 65-0208133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRIEDLANDER, BRUCE D.  
2121 SW 3RD AV  
FL5  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

FRIEDLANDER, BRUCE D.  
3700 SHERIDAN STREET  
SUITE P  
HOLLYWOOD, FL 33021 US

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.

SIGNATURE:

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAPPAS, MICHAEL I  
Address: 2121 SW 3RD AV  
City-St-Zip: MIAMI, FL 33129

Title: DT ( ) Delete  
Name: PAPPAS, TIMOTHY D.,  
Address: 2121 SW 3RD AV  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: MUNFIELD, JOHN A  
Address: 2121 SW 3RD AV 7FL  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: REYES, WALTER E  
Address: 2121 SW 3RD AVE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33129

Title: DT (X) Change ( ) Addition  
Name: PAPPAS, TIMOTHY D.,  
Address: 2121 SW 3RD AVE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33129

Title: P (X) Change ( ) Addition  
Name: MUNFIELD, JOHN A  
Address: 2121 SW 3RD AV 5FL  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY PAPPAS

DT

02/22/2007

Electronic Signature of Signing Officer or Director

Date