

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90037 042 ***150.00



DOCUMENT # M54780
 1. Entity Name
KEY HOPE TRADING CORP.

Principal Place of Business Mailing Address
800 CRANDON BLVD #204 **354 SEVILLA AVE**
KEY BISCAVNE FL 33149 **CORAL GABLES FL 33134**
US **US**



2. Principal Place of Business 3. Mailing Address
same - 800 Crandon Blvd *same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
204 **✓**

City & State City & State
Key Biscayne **✓**

Zip Country Zip Country
FL **USA** **33149** **✓**

1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
65-0010872 Not Applicable

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

6. Name and Address of Current Registered Agent
PADILLA, MARIA
800 CRANDON BLVD #204
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Marcia Padilla (Treasurer)* *Marcia Padilla* **3-28-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CADEMARTORI, HECTOR	
STREET ADDRESS	800 CRANDON BLVD #204	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	CADEMARTORI, GABRIEL	
STREET ADDRESS	800 CRANDON BLVD #204	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	PADILLA, MARIA R.	
STREET ADDRESS	800 CRANDON BLVD #204	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Marcia Padilla* **MARIA PADILLA** **3-28-05** **(305-361-2462)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #