

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 021 ****61.25

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1. Entity Name

KEY FOR COLOMBIA, CORP.



Principal Place of Business

251 CRANDON BLVD.
APT. 824
KEY BISCAVNE FL 33149

Mailing Address

251 CRANDON BLVD.
APT. 824
KEY BISCAVNE FL 33149

2. Principal Place of Business

KEY FOR COLOMBIA

Suite, Apt. #, etc.

P.O. BOX 0033

City & State

KEY BISCAVNE FL

Zip

33149

Country

USA

3. Mailing Address

KEY FOR COLOMBIA

Suite, Apt. #, etc.

P.O. BOX 0033

City & State

KEY BISCAVNE FL

Zip

33149

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALA, A. ROSEMARY ESQ
260 CRANDON BLVD #14
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME OSPINA, MARIA A
STREET ADDRESS 141 CRANDON BLVD #335
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE TD
NAME LOZANO, BECKY
STREET ADDRESS 121 CRANDON BLVD #259
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE SD
NAME SMITH, MARIA
STREET ADDRESS 346 GULF ROAD
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE PD
NAME RESTREPO, MONICA S
STREET ADDRESS 251 CRANDON BLVD. APT 824
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE SD
NAME MARIN, LUZ
STREET ADDRESS 141 CRANDON BLVD. APT. 243
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, MARIA C.
STREET ADDRESS 364 GULF RD.
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition

TITLE VP
NAME MARIN, LUZ M
STREET ADDRESS 141 CRANDON BLVD. # 506
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition

TITLE SD
NAME DE LOS RIOS, TATIANA
STREET ADDRESS 3740 SOLANA RD.
CITY-ST-ZIP COCONUT GROVE 33133 ☒ Change ☐ Addition

TITLE TD
NAME MALAVEUDA, ANGELA
STREET ADDRESS 255 CRAWWOOD DR
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition

TITLE S
NAME OSPINA, MARIA
STREET ADDRESS 141 CRANDON BLVD # 335
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

ANGELA P. MALAVEUDA

03.01.04

305 361 6744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #