2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N00000006418

Entity Name: KEY FOR COLOMBIA, CORP.

Current Principal Place of Business:

KEY FOR COLOMBIA
P.O. BOX 0033
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

KEY FOR COLOMBIA
P.O. BOX 0033
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALA, A. ROSEMARY ESQ
260 CRANDON BLVD #14
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, MARIA C
Address: 364 GULF RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: MARIW, LUZ M
Address: 141 CRANDON BLVD., #506
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete
Name: DE LOS RIOS, TATIANA
Address: 3740 SOLANA RD.
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete
Name: MALAVENDA, AUQELA
Address: 255 CRANWOOD DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete
Name: OSPINA, MARIA
Address: 141 CRANDON BLVD., #335
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JARAMILLO, MONICA C
Address: 655 CURTISWOOD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MALAVENDA, ANGELA
Address: 255 CRANWOOD DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA MALAVENDA TD 04/11/2005
Electronic Signature of Signing Officer or Director — Date