

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006418

FILED
Mar 31, 2007
Secretary of State

Entity Name: KEY FOR COLOMBIA, CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

KEY FOR COLOMBIA
255 CRANWOOD DR.
KEY BISCAVNE, FL 33149

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1081519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALA, A. ROSEMARY ESQ
260 CRANDON BLVD #14
KEY BISCAVNE, 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: DE LOS RIOS, TATIANA C
Address: 3740 SOLANA RD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: SMITH, M.CANDELARIA M
Address: 346 GULF RD.
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD () Delete
Name: OSPINA, M. ADELAIDA
Address: 141 CRANDON BLVD. #335
City-St-Zip: KEY BISCAVNE, FL 33149

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERNAL, KATALINA
Address: 611 OCEAN DR. #4E
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP (X) Change () Addition
Name: REINA, MONICA
Address: 610 HARBOR DR.
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD (X) Change () Addition
Name: ARANGO, ANA CRISTINA
Address: 20815 NE 32 PLACE
City-St-Zip: AVENTURA, FL 33180

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M. MALAVENDA

TD

03/31/2007

Electronic Signature of Signing Officer or Director

Date