

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006418

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: KEY FOR COLOMBIA, CORP.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

KEY FOR COLOMBIA  
P.O. BOX 0033  
KEY BISCAINE, 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 BISCAINE, 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: BERNAL, KATALINA  
Address: 611 OCEAN DR. #4E  
City-St-Zip: KEY BISCAINE, FL 33149

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

Title: SD ( ) Delete  
Name: GREGG, CECILIA  
Address: 660 ALLENDALE  
City-St-Zip: KEY BISCAINE, FL 33149

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: PERDOMO, SONIA  
Address: 31 SE 5TH  
City-St-Zip: MIAMI, FL 33131

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

Title: OFF ( ) Change (X) Addition  
Name: SMITH, MARIA C.  
Address: 346 GULF DR.  
City-St-Zip: KEY BISCAINE, FL

I hereby certify that the information supplied with this filing does not qualify 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

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date