
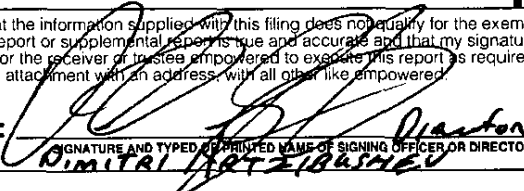


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90315 050 ****61.25

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| DOCUMENT # N02000009834 | |  |
| 1. Entity Name KEYSTONE SHORES COMMERCIAL ASSOCIATION, INC. | | |
| Principal Place of Business 1525 W HILLSBOROUGH AVE TAMPA, FL 33603 | | Mailing Address 1525 W HILLSBOROUGH AVE TAMPA, FL 33603 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  03032004 No Chg-NP CR2E037 (10/03) |
| | | 4. FEI Number 05-0465319 |
| | | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent SAM REIBER 5821 HENDERSON BLVD. TAMPA, FL 33629 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARTZIBUSHER, DIMITRI ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BHARMINDER, BEDI MD BEDI, BHARMINDER, MD 11630 GREENSTEEVE AVE. TAMPA, FL 33606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALHI, DHANNA MD 1515 RICHARD RD. YUBA CITY, CA 95993 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE 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 reports 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DIMITRI ARTZIBUSHEV | | 4/23/04 813-237-0529 Date Daytime Phone # |