


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009834	
1. Entry 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
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04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0465319	Applied For 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

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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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDI, MD, BHARMINDER 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	

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 05/27/08-80073-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an email like empowered.

SIGNATURE:  **Dimitri ARTZIBUSHEV** Date: **4/25/08** Daytime Phone #: **813-297-0529**