

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008572**

1. Entity Name  
**KEYBOARD SUPERSTARS BOOSTER INC.**



Principal Place of Business  
**16301 SW 80 AVENUE  
PALMETTO BAY, FL 33157 US**

Mailing Address  
**16301 SW 80 AVENUE  
PALMETTO BAY, FL 33157 US**



02152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0278384** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ, ALBERTO  
16301 SW 80 AVE  
MIAMI, FL 33157**

**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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUAREZ, ALBERTO
STREET ADDRESS	16301 SW 80 AVE
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	V
NAME	COKE, CONRAD
STREET ADDRESS	16301 SW 80 AVE
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	T
NAME	ZUBILLAGA, CINDY
STREET ADDRESS	16301 SW 80 AVE
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	S
NAME	GIL, IVONA
STREET ADDRESS	16301 SW 80 AVE
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
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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 all other like empowered.

SIGNATURE:

*Cindy Zubillaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CINDY ZUBILLAGA**  
**TREASURER**

2/28/06

Date

305 251-5361

Daytime Phone #