2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004
Secretary of State

DOCUMENT# N03000010263

Entity Name: KEYSTONE DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

13150 BISCAYNE BAY TERRACE
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13150 BISCAYNE BAY TERRACE
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 41-2117604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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: GAMBOA, AILON
Address: 13150 BISCAYNE BAY TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

Title: VD ( ) Delete
Name: ALI, FAZIL
Address: 14493 S.W. 152 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: GAMBOA, ROLANDO
Address: 13150 BISCAYNE BAY TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete
Name: SAHADEO-ALI, NANDA
Address: 13150 BISCAYNE BAY TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: AILON GAMBOA PD 08/30/2004

Electronic Signature of Signing Officer or Director — Date