

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010662

FILED
Jan 30, 2009
Secretary of State

Entity Name: KEY BISCAYNE PAL, INC.

Current Principal Place of Business:

88 W MCINTYRE STREET
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

88 W MCINTYRE STREET
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 26-3769182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELFMAN, STEPHEN J
2525 PONCE DE LEON BLVD STE 700
CORAL GABLES, FL 33134 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: D () Delete
Name: PRESS, CHARLES
Address: 88 W MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: CRUZ, VICTORIA
Address: 88 W MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: YOUNES, JASON
Address: 88 W MCINTYRE STREET
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GILBERT, JOHN
Address: 560 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: HOFFERBERTH, TODD
Address: 10 VILLAGE GREEN WAY
City-St-Zip: KEY BISCAYNE, FL 33149

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:

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

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: VICTORIA CRUZ

D

01/30/2009

Electronic Signature of Signing Officer or Director

Date