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Secretary of State

05-09-2006 90067 006 ***150.00

5/9

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000061863

1. Entity Name
GOLDEN KEY REALTY GROUP, INC.

66020724

Principal Place of Business	Mailing Address
10516 SW 74TH LANE MIAMI, FL 33173	10516 SW 74TH LANE MIAMI, FL 33173
2. Principal Place of Business: 4209 Lee Blvd	3. Mailing Address: 4209 Lee Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh ACRES-FLA	City & State: Lehigh ACRES-Fl.
Zip: 33971 Country	Zip: 33971 Country

02222006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-1021236 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, IVETTE
10516 SW 74TH LANE
MIAMI, FL 33173

4209 Lee Blvd.
Lehigh ACRES-Fl.
33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Ivette Doming - President DATE: 6/20/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT DOMINGUEZ, IVETTE ~~10516 S.W. 74 LANE~~ 4209 Lee Blvd MIAMI, FL 33173 Lehigh ACRES-Fl 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P VICE-PRESIDENT VIVIAN CABRERA 4209 Lee Blvd Lehigh ACRES-Fl. 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Ivette Doming IVETTE DOMINGUEZ 4/30/06 7862861120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #