2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 09, 2008 8:00 am Secretary of State DOCUMENT # P00000071478 05-09-2008 90011 014 ***150.00 KEY MASTER PLUS, INC. Principal Place of Business Mailing Address 40100406 7388 SW 56TH AVENUE 7388 SW 56TH AVENUE MIAMI, FL 33143 MIAMI, FL 33143 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1029143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUIROZ, CESAR DO NOT WRITE 10220 SW 139TH CT MIAMI, FL 33186 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 TNOTE: Registered Agent signature required when reinstating) After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PST TITLE 2014837 QUIROZ, CESAR NAME STREET ADDRESS 10220 SW 139TH CT CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME: STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP -NAME 4. . STREET ADDRECS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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