



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 042 ***150.00

DOCUMENT # P0000097339																																															
1. Entity Name KEY 848 TEN ACRES, INC.																																															
Principal Place of Business 848 BRICKELL AVENUE PENTHOUSE I MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL 33131																																												
2. Principal Place of Business 848 Brickell Ave		3. Mailing Address 848 Brickell Ave		 01042005 Chg-P CR2E034 (10/03)																																											
Suite, Apt. #, etc. 700		Suite, Apt. #, etc. 700																																													
City & State Miami FL		City & State Miami FL																																													
Zip Country 33131 USA		Zip Country 33131 USA																																													
4. FEI Number 65-1083082				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																															
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM 25 S.E. 2ND AVENUE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Murai Wald Biondo Moreno & Bachini P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>Two Alhambra Plaza</u> <u>Penthouse 1B</u> City: <u>Coral Gables</u> FL Zip Code: <u>33084</u>																																												
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: <u>[Signature]</u> <u>Rene V. Murai</u> DATE: <u>4/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> D <input type="checkbox"/> Delete NAME ARDID, JOSE M STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131 </td> <td style="width: 20%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> D <input type="checkbox"/> Delete NAME ARDID, INGIO STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131 </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> D <input type="checkbox"/> Delete NAME ARDID, DIEGO STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131 </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete NAME ARDID, JOSE M STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE	D <input type="checkbox"/> Delete NAME ARDID, INGIO STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE	D <input type="checkbox"/> Delete NAME ARDID, DIEGO STREET ADDRESS 848 BRICKELL AVE STE 700 CITY-ST-ZIP MIAMI, FL 33131		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>X</u> <u>Jose Ardid</u> DATE: <u>4/18/05</u> Daytime Phone #: <u>305-377-1001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															