

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098498

FILED
Apr 25, 2006
Secretary of State

Entity Name: KEY OCEAN PROPERTIES 402, INC.

Current Principal Place of Business:

C/O MONAHAN
4000 PONCE DE LEON BLVD, STE 470, OFF. #5
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O MONAHAN
4000 PONCE DE LEON BLVD, STE 470, OFF. #5
CORAL GABLES, FL 33146 US

Current Mailing Address:

C/O MONAHAN, CCS 10118
P.O. BOX 025323
MIAMI, FL 331025323

New Mailing Address:

C/O MONAHAN, CCS 10118
P.O. BOX 025323
MIAMI, FL 331025323 US

FEI Number: 20-4751063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD
SUITE 470 OFFICE NUMBER 5
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENJAMIN, MARIA
Address: 170 OCEAN LANE DR. #402
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA BENJAMIN

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date