

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098498

FILED
Apr 16, 2009
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, #13
CORAL GABLES, FL 33146 US

New Principal Place of Business:

C/O MONAHAN
2519 GALIANO STREET SUITE703
CORAL GABLES, FL 33134 US

Current Mailing Address:

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

New Mailing Address:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 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 13
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 US

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: ROARK R. MONAHAN CPA

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VS () Delete
Name: BENJAMIN, GRACIELA
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:

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

SIGNATURE: GRACIELA BENJAMIN

VS

04/16/2009

Electronic Signature of Signing Officer or Director

Date