


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90025 004 \*\*\*158.75

**DOCUMENT # P00000107993**

1. Entity Name  
**FERNWOOD KEY, INC.**



Principal Place of Business      Mailing Address

**3191 CORAL WAY**      **150 W. FLAGLER ST., #2200**  
**403**      **MIAMI, FL 33130**  
**MIAMI, FL 33145 US**

2. Principal Place of Business      3. Mailing Address

**3191 Coral Way**      **3191 Coral Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 201**      **Suite 201**

City & State      City & State

**Miami, Florida**      **Miami, Florida**

Zip      Country      Zip      Country

**33145**      **USA**      **33145**      **USA**

05102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1065066**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

**FREED, OWEN S**  
**150 W. FLAGLER ST., #2200**  
**MIAMI, FL 33130**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZUBILLAGA, JUAN LUIS	
STREET ADDRESS	URBANIZACION PRADO LARGO, CALLE CIPRES 50	
CITY-ST-ZIP	POZUELO MADRID 28223, SPAIN,	
TITLE	PS	<input type="checkbox"/> Delete
NAME	FREED, OWEN S	
STREET ADDRESS	150 W. FLAGLER ST., #2200	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: OWEN S. FREED      **OWEN S. FREED**      5/16/06      **305-789-3456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #