

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

0233950 AV

DOCUMENT # P01000001215

1. Entity Name
SOUTH KEYSTONE, INC.



05-30-2003 90495 001 ****50.00
05-30-2003 90495 002 ***500.00

JJ04J103



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1319 SW 3 ST APT. 5
MIAMI FL 33135**

Mailing Address
**1319 SW 3 ST APT. 5
MIAMI FL 33135**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1066177**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTOLLA, CARLOS A
1319 SW 3 ST APT. 5
MIAMI FL 33135**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD MONTOLLA, CARLOS A**
STREET ADDRESS **1319 SW 3 ST APT. 5**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD DELGADILLO, ENCARNACION**
STREET ADDRESS **1319 SW 3 ST APT. 5**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE Change Addition
NAME **VD CRUZ, MIGUEL ANGEL**
STREET ADDRESS **1319 SW 3 St. Apt. #5**
CITY-ST-ZIP **Miami, FL. 333135**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carlos Montolla*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 05-28-03 (305) 6440917
Date Daytime Phone #

CR2E034 (10/02)