


FILED  
Apr 17, 2006 8:00 am  
Secretary of State

04-17-2006 90376 047 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P01000060912</b>   |   |   |   |
| 1. Entity Name<br><b>KEY BELL CORP.</b>  |   |  |   |
| Principal Place of Business<br><b>7360 NW 56TH ST<br/>MIAMI, FL 33166</b>  |   | Mailing Address<br><b>7360 NW 56TH ST<br/>308<br/>MIAMI, FL 33166</b>  |   |
| 2. Principal Place of Business<br><b>8601 NW 81st Road</b>   |   | 3. Mailing Address<br><b>8601 NW 81st Road</b>   |   |
| Suite, Apt. #, etc.<br><b>1</b>  |   | Suite, Apt. #, etc.<br><b>1</b>  |   |
| City & State<br><b>Miami, Florida</b>  |   | City & State<br><b>Miami, Florida</b>  |   |
| Zip<br><b>33166</b>  | Country<br><b>USA</b>   | Zip<br><b>33166</b>  | Country<br><b>USA</b>   |
| 6. Name and Address of Current Registered Agent<br><b>CAMACHO VARGAS, JAIME<br/>7360 NW 56TH STREET<br/>MIAMI, FL 33166</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8601 NW 81st Road</b><br><b>Suite 1</b><br>City<br><b>Miami</b> <b>FL</b> Zip Code<br><b>33166</b> |   |
| 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.<br>SIGNATURE <u><b>Jaime Camacho</b></u> DATE <u><b>Apr. 11/06</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTD<br>CAMACHO, JAIME<br>7360 NW 56TH STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTD<br>Camacho, Jaime<br>8601 NW 81st Road Suite 1<br>Miami FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SVD<br>CARRASCAL, JEANNETTE<br>7360 NW 56TH STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SVD<br>Carrascal, Jeannette<br>8601 NW 81st Road Suite 1<br>Miami FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <u><b>Jaime Camacho</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | Date <u><b>Apr. 11/06</b></u> Daytime Phone # <u><b>(305) 885 2824</b></u>   |   |