

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90072 038 ***150.00

DOCUMENT # P01000060912 1. Entity Name KEY BELL CORP.					
Principal Place of Business 8601 NW 81ST RD # 1 MIAMI, FL 33166			Mailing Address 8601 NW 81ST RD # 1 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 8601 NW 81ST. ROAD		3. Mailing Address 8601 NW 81 ST. RD			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1			
City & State MIAMI, FLORIDA		City & State MIAMI - FLORIDA		4. FEI Number 65-1113912	
Zip 33166		Country EEUU		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMACHO VARGAS, JAIME 8601 NW 81ST RD STE 1 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name JAIME CAMACHO Street Address (P.O. Box Number is Not Acceptable) 9341 FONTAINEBLEAU BOULEVARD APT. 113 City MIAMI FL Zip Code 33142		
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 <u><i>[Signature]</i></u> DATE <u>April 17-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAMACHO, JAIME 8601 NW 81ST RD, STE 1 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARRASCAL, JEANNETTE 8601 NW 81ST RD, STE 1 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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><i>[Signature]</i></u> DATE <u>April 17-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					