

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # P01000088837**

1. Entity Name

SUPER KEYS STONE, INC.



**FILED  
Apr 12, 2004 8:00 am  
Secretary of State**

04-12-2004 90670 004 \*\*\*150.00

Principal Place of Business  
8038 NW 103 ST  
UNIT 32  
HIALEAH GARDENS FL 33016

Mailing Address  
2700 SW 37TH AVENUE, #2  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address  
*654 N.W. 44 Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*MIAMI, FL*

Zip

Zip  
*33126*

Country  
*USA*

4. FEI Number  
**65-1143978**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Name  
*Vilma FIGUEREDO*

LOPEZ, MARIA T  
2700 SW 37TH AVENUE  
SECOND FLOOR  
MIAMI FL 33133

Street Address (P.O. Box Number is Not Acceptable)

*654 N.W. 44 Avenue*

City  
*MIAMI* FL Zip Code  
*33126*

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 *VILMA FIGUEREDO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/5/04*

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST OSVALDO, CRESPO 3002 SW 23RD TERRACE MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:

*(Osvaldo Crespo - President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/04*

*(305) 698-6810*

Date

Daytime Phone #