

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000099049**

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



Principal Place of Business  
**2600 DOUGLAS ROAD PH-5  
CORAL GABLES, FL 33134**

Mailing Address  
**2600 DOUGLAS ROAD PH-5  
CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1144543**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JUAN LOUMIET - GREENBERG TRAUIG  
1221 BRICKELL AVENUE  
MIAMI, FL 33131**

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	ROSALES, X. FRANCISCO
STREET ADDRESS	2600 DOUGLAS ROAD PH-5
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VS
NAME	LEVITT, STEVEN T
STREET ADDRESS	2600 DOUGLAS ROAD PH-5
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80024-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X. FRANCISCO ROSALES**

**2/25/05**

**(305)461-2142**

Date

Daytime Phone #