1 305 361 5314
6-29-1995 1:48AM FROM FAM. BIERIG 1 305 361 5314
03/16/2004 13:13 SOFIA POWELL-COSIO → 3053615314

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90059 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000002288

1. Entity Name
CMCP OF KEY BISCAYNE, CORP.

94037900

Principal Place of Business	Mailing Address
100 NORTH BISCAYNE BOULEVARD SUITE 2100 MIAMI, FL 33132-2306	100 NORTH BISCAYNE BOULEVARD SUITE 2100 MIAMI, FL 33132-2306
2. Principal Place of Business: 1900 S.W. 3RD AVE	3. Mailing Address: 1900 S.W. 3RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI FL.
Zip: 33129 Country	Zip: 33129 Country

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0003022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATOS, KARIN ESQ.
100 NORTH BISCAYNE BOULEVARD
SUITE 2100
MIAMI, FL 33132-2306

7. Name and Address of New Registered Agent

Name: SOFIA POWELL-COSIO, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1900 S.W. 3RD AVE
City: MIAMI FL. FL Zip Code: 33129

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: Sofia Powell-Cosio
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $650.00

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 BIERIG, CHRISTOPH 100 N. BISCAYNE BLVD., SUITE 2100 MIAMI, FL 33132	☐ Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1900 S.W. 3RD AVE. MIAMI, FL 33129.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

PLEASE SIGN →

SIGNATURE: [signature] 3/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #