

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000003819	
1. Entity Name THE KEY TO POLO ENTERPRISES, CORP.	

Principal Place of Business 530 LINCOLN RD., #201 MIAMI BEACH, FL 33139	Mailing Address 530 LINCOLN RD., #201 MIAMI BEACH, FL 33139
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02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2983488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KEY, MARLENE C 530 LINCOLN RD., #201 MIAMI BEACH, FL 33139
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

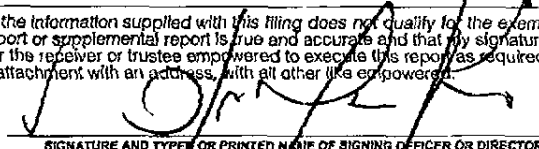
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLO, ANA MARIA TWO ALHAMBRA PLAZA, SUITE 508 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEY, MARLENE C TWO ALHAMBRA PLAZA, SUITE 508 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000511124
04/29/06-80039-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Checklist / Notice #

14/11/06 / (305) 725-192