

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000004647

1. Entity Name
KEY PLAZA I, INC.



Principal Place of Business
**AUBURNDALE PROPERTIES
WOODCLIFF LAKE, NJ 07677**

Mailing Address
**50 TICE BLVD.
WOODCLIFF LAKE, NJ 07677**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3597261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVLIN, MARK L
1550 MADRUGA AVE SUITE 120
CORAL GABLES, FL 33146**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMPSEY, JOSEPH J
STREET ADDRESS	50 TICE BLVD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	D
NAME	HIBBARD, KENT
STREET ADDRESS	50 TICE BLVD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	D
NAME	WALL, SHALOM
STREET ADDRESS	50 TICE BLVD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000747351
05/17/07-80022-007 158.75

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHALOM WALL

4/25/07

Date

201-930-8800

Daytime Phone #