

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000041426



Entity Name
MAN'S KEYSTONE, INC.

Place of Business
**20414 NW 43RD AVE
MIAMI, FL 33055**

Mailing Address
**20414 NW 43RD AVE
MIAMI, FL 33055**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3645636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE ARMAS, ROMAN
20414 NW 43RD AVE
MIAMI, FL 33055**

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I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

000000397780
01/30/06-00064-002 150.00

OFFICERS AND DIRECTORS

PD	DE ARMAS, ROMAN
ADDRESS	20414 NW 43RD AVE
ZIP	MIAMI, FL 33055
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	

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IN THIS SPACE**

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: (X) Roman De Armas **ROMAN DE ARMAS** 1/14/2006 (786) 586-4839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #