

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059477

FILED
Mar 12, 2005
Secretary of State

Entity Name: GRASSY KEY PROPERTY, INC.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134

New Principal Place of Business:

4150 NW 7TH STREET
200
MIAMI, FL 33126

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134

New Mailing Address:

4150 NW 7TH STREET
200
MIAMI, FL 33126

FEI Number: 74-3052629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URQUIOLA, JOANNE R ESQ.
150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

URQUIOLA, JOANNE R
100 SE 2ND STREET
2900
MIAMI, FL 33131 US

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.

SIGNATURE: JOANNE R. URQUIOLA

03/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COBO, ALEIDA
Address: 150 ALHAMBRA CIRCLE #1270
City-St-Zip: CORAL GABLES, FL 33134

Title: VS () Delete
Name: URQUIOLA, JOANNE R
Address: 150 ALHAMBRA CIRCLE #1270
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: COBO, ALEIDA
Address: 8940 SW 61ST COURT
City-St-Zip: PINECREST, FL 33156

Title: VS (X) Change () Addition
Name: URQUIOLA, JOANNE R
Address: 6811 PORTILLO STREET
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA COBO

PTD

03/12/2005

Electronic Signature of Signing Officer or Director

Date