

FILED
Jul 14, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000076129

1. Entity Name
 KEYBREEZE PROPERTIES INC.



Principal Place of Business
 799 CRANDON BLVD, #1204
 KEY BISCAYNE, FL 33149

Mailing Address
 1001 BRICKELL BAY DRIVE, STE 1400
 BRICKELL BAY OFFICE TOWER
 MIAMI, FL 33131-4938



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 90-0111474

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD
 #221E
 PALM BEACH GARDENS, FL 33410

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 file it separately.

(NOTE: Key Agent signature required when re-registering)

U000000570381
 07/14/06-20013-013-150:80
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., this
 corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
 NAME BORGES, JULIO
 STREET ADDRESS 260 CRANDON BLVD, STE 14
 CITY-ST-AP KEY BISCAYNE, FL 33149

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

D3/4

Diverse Phone #