

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133213

1. Entity Name
GB (KEY BISCAVNE) CORPORATION



Principal Place of Business
801 BRICKELL AVENUE
PENTHOUSE 2
MIAMI, FL 33131

Mailing Address
801 BRICKELL AVENUE
PENTHOUSE 2
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number
41-2076731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALIBHAI, KARIM ☐ Delete
STREET ADDRESS 801 BRICKELL AVENUE PENTHOUSE 2
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME LAKE, GARY ☐ Delete
STREET ADDRESS 801 BRICKELL AVENUE PENTHOUSE 2
CITY-ST-ZIP MIAMI, FL 33131

TITLE T
NAME BEZOLD, TOM ☐ Delete
STREET ADDRESS 801 BRICKELL AVENUE PENTHOUSE 2
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS
NAME FIELDSTONE, RONALD R ☒ Delete
STREET ADDRESS 201 ALHAMBRA CIR., STE. 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS
NAME THOMAS BEZOLD ☐ Change ☒ Addition
STREET ADDRESS 801 BRICKELL AVE PH II
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME 800117922418
STREET ADDRESS 02/13/08--01005--021 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

1/22/08

Date

(305) 442-9808

Daytime Phone #