

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045280

FILED
Apr 22, 2009
Secretary of State

Entity Name: KEYSTONE GARDENS USA CORP.

Current Principal Place of Business:

9150 N.W. 87TH AVE.
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

18950 SW 59 ST
SW RANCHES, FL 33332

New Mailing Address:

9150 N.W. 87TH AVE.
MEDLEY, FL 33178

FEI Number: 20-0015414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, BARBARA SEOANE
18950 SW 59 ST
SW RANCHES, FL 33332 US

Name and Address of New Registered Agent:

SEOANE-MUNOZ, BARBARA
9150 NW 87 AVE
MEDLEY, FL 33178 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: BARBARA SEOANE MUNOZ

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, BARBARA SEOANE
Address: 18950 SW 59 ST
City-St-Zip: SW RANCHES, FL 33332

Title: VD () Delete
Name: MUNOZ, SANTOS R
Address: 18950 SW 59 ST
City-St-Zip: SW RANCHES, FL 33332

Title: ST () Delete
Name: MUNOZ, BARBARA SEOANE
Address: 18950 SW 59 ST
City-St-Zip: SW RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEOANE-MUNOZ, BARBARA
Address: 9150 NW 87 AVE
City-St-Zip: MEDLEY, FL 33178

Title: VD (X) Change () Addition
Name: MUNOZ, SANTOS R
Address: 9150 NW 87 AVE
City-St-Zip: MEDLEY, FL 33178

Title: ST (X) Change () Addition
Name: SEOANE-MUNOZ, BARBARA
Address: 9150 NW 87 AVE
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA SEOANE MUNOZ

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date