

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000085962

1. Entity Name

HENRY KEYSTONE CORP.



FILED

04 APR 30 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address  
221 NW 39 AVENUE 221 NW 39 AVENUE  
MAIMI FL 33126 MAIMI FL 33126

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 20-0135775 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEREZ, ENRIQUE  
221 NW 39 AVENUE  
MAIMI FL 33126

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 DATE 04-29-04  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004, Fee will be \$550.00  
Make Check Payable to Florida Department of State  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, ENRIQUE			NAME			
STREET ADDRESS	221 NW 39 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MAIMI FL 33126			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	05/10/04 01012-001 **\$300.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, EDUARDO M			NAME			
STREET ADDRESS	221 NW 39 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MAIMI FL 33126			CITY-ST-ZIP	100035792151		
TITLE		<input type="checkbox"/> Delete		TITLE	05/10/04 01012-001 **\$300.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: DATE 04-29-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #