

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90050 046 ***150.00

DOCUMENT # P03000102328



1. Entity Name

KEY TO LEARNING, INC.

Principal Place of Business

~~104 CRANDON BLVD~~
~~STE. 309~~
KEY BISCAYNE FL 33149
US

Mailing Address

530 SABAL PALM DRIVE
KEY BISCAYNE FL 33149
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

KEY BISCAYNE FL

City & State

4. FEI Number

56-2396358

Applied For

Not Applicable

Zip

33149

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, JAVIER J
95 MERRICK WAY
SUITE 610
CORAL GABLES FL 33134

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, 2007 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

TITLE P, S ☐ Delete
NAME RODRIGUEZ, ELENA P
STREET ADDRESS 530 SABAL PALM DRIVE
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elena Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 (305) 365-6464

Date

Daytime Phone #