


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90023 001 \*\*\*150.00

<b>DOCUMENT # P03000102439</b> 1. Entity Name <b>KEYSTONE BAY PROPERTIES, INC</b>																													
Principal Place of Business <b>2640 NE 135TH ST N MIAMI, FL 33181</b>			Mailing Address <b>2640 NE 135TH ST N MIAMI, FL 33181</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2908 Seminole St</b>  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State <b>Coconut Grove FL</b> Zip      Country <b>33133 USA</b>		4. FEI Number <b>06-1708601</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>MARC D. KLEINER P.A. 1111 KANE CONCOURES STE 217 BAY HARBOR ISLAND, FL 33154</b>			7. Name and Address of New Registered Agent Name: <b>JEAN FARRELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2908 Seminole Street</b>  City: <b>Coconut Grove FL</b> Zip Code: <b>33133</b>																										
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: <u><i>Jean Inman Farrell</i></u> DATE: <u>1/16/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																											
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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: <u><i>Jean Inman Farrell</i></u> DATE: <u>1/16/04</u> DAYTIME PHONE #: <u>305-588-7707</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>																													

**54020200**



01052004      Chg-P      CR2E034 (10/03)