

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144873

1. Entity Name
KEYS BLOCK CORP.



Principal Place of Business
421 NW 13TH ST
HOMESTEAD, FL 33030

Mailing Address
421 NW 13TH ST
HOMESTEAD, FL 33030



06092006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1614301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OCHOA, VICTOR H
30511 SW 149TH AVE
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

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

6/21/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JIMENEZ, ALBERTO
STREET ADDRESS 421 NW 13TH ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VPD
NAME JIMENEZ, ESPERANZA
STREET ADDRESS 421 NW 13TH ST
CITY-ST-ZIP HOMESTEAD, FL 33030

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IN THIS SPACE**

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06/26/06-80005-003 150.00

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:

ALBERTO JIMENEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #