

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**


04-24-2006 90369 032 \*\*\*150.00

<b>DOCUMENT # P03000155242</b> 1. Entity Name <b>ALBERTO KEY STONE DECORATION INC.</b>	
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Principal Place of Business <b>8741 NW 33 AVE RD MIAMI, FL 33147</b>	Mailing Address <b>8741 NW 33 AVE RD MIAMI, FL 33147</b>
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**DO NOT WRITE IN THIS SPACE**

**66017471**



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0497867</b>	Applied For 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

**VEGA, OVIDIO A  
8741 NW 33 AVE RD  
MIAMI, FL 33147**

**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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>VEGA, OVIDIO A 8741 NW 33 AVE RD MIAMI, FL 33147</b>
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_