



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 001 ***150.00

DOCUMENT # P04000089462 1. Entity Name RM KEYSTONE INSTALLATION CORP			
2. Principal Place of Business 650 SW 10TH STREET APT: 1 MIAMI, FL 33130		Mailing Address 650 SW 10TH STREET APT: 1 MIAMI, FL 33130	
2. Principal Place of Business 12312 SW 198 st Suite, Apt. #, etc.		3. Mailing Address 12312 SW 198 st Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33177		Zip 33177	
Country U.S.		Country U.S.	
4. FEI Number 20-1209649		Applied For <input type="checkbox"/> Not Applicable.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESCALONA, RAFAEL 650 SW 10TH STREET APT: 1 MIAMI, FL 33130		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  04/08/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCALONA, RAFAEL 650 SW 10TH STREET APT: 1 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 04-08-05	

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