FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90092 025 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000140237 1. Entity Name KEY DIGITAL CORP.				20022926		
Principal Place of Business 11910 SW 9TH COURT DAVIE, FL 33325 Mailing Address 11910 SW 9TH COURT DAVIE, FL 33325				,		
2. Principal Pl	ace of Business	3. Mailing Address	Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1.100100	03102005 Chg-P CR2E034 (10/03)		
City & State		City & State Dor 2	FL	4. FEI Number 20-17269 69 Applied For Not Applicable		
Zíp —	Country	33178 -	Country_ USA	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
GIMENO, LUCAS M 11910 SW 9TH COURT			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
DAVIE, FL 33325						
The above named entity submits this statement for the purpose of changing its registered			City	FL Zin Code		
	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign		\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P., GIMENO, LUCAS M 11910 SW 9TH COURT DAVIE, FL 33325	⊠ Delete	NAME STREET ADDRESS	Porone Leonard Luis Wense Gaona 1921 Hense Gaona 1921 Hense Gaona 1921 Hense Gaona 1921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	VP Leo Marcelo Lvis Change Addition Avenue Gaona 1921 -20:121 Federal - Augenture - 1416		
TITLE NAME STREET AUDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADORESS	Barone miguel Angel. Tenie Gaona 1821 Tenie Georal Argentine - 1416		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 ayladdress, with all other like empowered.						
SIGNATURE: SIGNATURE: SIGNATURE NO TURE OF SIGNING OFFICER OR DIRECTOR SIGNATURE NO TURE OF SIGNING OFFICER OR DIRECTOR Daylore Phone #						

LEONARDO L. BARONE DNI 22.376.082