


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000161302

1. Entity Name
KEY DEVELOPMENT HIGHRISE CORP.



Principal Place of Business 848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1942794	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

**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1B
 CORAL GABLES, FL 33134**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ARDID, JOSE 848 BRICKELL AVE #700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ARDID, INHIGO 848 BRICKELL AVE #700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ARDID, DREGO 848 BRICKELL AVE #700 MIAMI, FL 33131
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 05/09/06-80096-006 150.00

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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 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: Diego Ardid Date: 4/21/06 Daytime Phone #: (305) 377-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR