

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90006 046 \*\*\*150.00

<b>DOCUMENT # P05000129050</b>					
<b>1. Entity Name</b> KEYSTONE HEAT FANS, INC.					
<b>Principal Place of Business</b> 10 NW 42 AVE STE 700 MIAMI, FL 33126			<b>Mailing Address</b> 10 NW 42 AVE STE 700 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 10 N.W. 42nd AVE.		<b>3. Mailing Address</b> 10 N.W. 42nd AVE.			
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33126 Country USA		Zip 33126 Country USA			
<b>4. FEI Number</b> 37-1517340 <span style="float: right;"><b>Applied For</b> Not Applicable</span>					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  MOURIZ, MIGUEL A 10 NW 42 AVE STE 700 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name MOURIZ, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable)  10 N.W. 42nd AVE., SUITE 700 City MIAMI <span style="float: right;">FL Zip Code 33126</span>		
<b>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.</b> SIGNATURE <span style="float: right;">DATE 3-20-2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE D NAME MOURIZ, MIGUEL A STREET ADDRESS 10 NW 42 AVE STE 700 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE D NAME MOURIZ, MIGUEL A. STREET ADDRESS 10 N.W. 42nd AVE, SUITE 700 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <span style="float: right;">DATE 3-20-2006 (305) 8671577</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					