

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146775

Entity Name: KEYSTONE ADVISORS, INC.

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
NORTH MIAMI BEACH, FL 331795035

Current Mailing Address:

1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
NORTH MIAMI BEACH, FL 331795035

New Principal Place of Business:

1835 NORTHEAST MIAMI GARDENS DRIVE
SUITE 256
NORTH MIAMI BEACH, FL 331795035 US

New Mailing Address:

1835 NORTHEAST MIAMI GARDENS DRIVE
SUITE 256
NORTH MIAMI BEACH, FL 331795035 US

FEI Number: 20-5963426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

IZHAKOFF, JOSEPH H
2200 NE 201 STREET
NORTH MIAMI BEACH, FL 33180 US

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.

SIGNATURE: JOSEPH H IZHAKOFF

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: IZHAKOFF, JOSEPH
Address: 1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
City-St-Zip: NORTH MIAMI BEACH, FL 331795035

Title: VT () Delete
Name: IZHAKOFF, ESTA
Address: 1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
City-St-Zip: NORTH MIAMI BEACH, FL 331795035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: IZHAKOFF, JOSEPH H
Address: 1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
City-St-Zip: NORTH MIAMI BEACH, FL 331795035 US

Title: VT (X) Change () Addition
Name: IZHAKOFF, ESTA R
Address: 1835 NORTHEAST MIAMI GARDENS DRIVE STE 256
City-St-Zip: NORTH MIAMI BEACH, FL 331795035 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH H IZHAKOFF

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04/22/2007

Electronic Signature of Signing Officer or Director

Date