
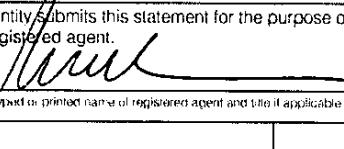
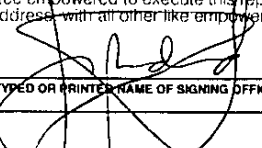


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 046 ***150.00

DOCUMENT # P95000067868 1. Entity Name KEY PEMBROKE GENERAL, INC.					
Principal Place of Business 25 S.E. 2ND AVE. SUITE 900 MIAMI, FL 33131			Mailing Address 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131 US		
2. Principal Place of Business 848 Brickell Ave		3. Mailing Address Suite, Apt. #, etc. 700			
City & State Miami FL		City & State MIAMI FL			
Zip 33131		Country US		4. FEI Number 65-0607462 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO, P.A. 848 BRICKELL AVE. SUITE 1000 MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penhouse 1B City Coral Gables FL Zip Code 33134					
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  Rene V. Murai 4/18/05 <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	D ARDID, JOSE 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDIO, INIGO 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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:  Jose Ardid 4/18/05 305-377-1001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

14010605



04182005 Chg-P CR2E034 (10/03)