

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000027127

1. Entity Name

MTC KEY PLAZA CORP.



FILED MTC KEY
Mar 17, 2006 08:00 AM

Secretary of State
ENTERED
FLOK03

Principal Place of Business

% AUBURNDALE PROPERTIES
50 TICE BLVD.
WOODCLIFF LAKE NJ 07677

Mailing Address

% AUBURNDALE PROPERTIES
50 TICE BLVD.
WOODCLIFF LAKE NJ 07677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0660265

Applied For

(Not Applicable)

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAFCHIK, JEFFREY
% GREENSTREET PARTNERS
2601 S. BAYSHORE DRIVE, STE. 1775
COCONUT GROVE FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete
NAME DEMPSEY, JOSEPH J JR.
STREET ADDRESS 41 SOUTH BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME 000000472282
STREET ADDRESS 03/29/06-80029-017 158.75
CITY-ST-ZIP

TITLE EVP ☐ Delete
NAME WALL, SHALOM
STREET ADDRESS 71 WOODLAND ROAD
CITY-ST-ZIP WOODCLIFF LAKE NJ 07677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey Safchik

3/13/06

601-990-8800