2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # P96000079774 1. Entity Name 04-22-2005 90302 026 ***150.00 THE KEY PLACE CORP. Principal Place of Business Mailing Address 1121 SW 12 STREET MIAMI FL 33129 90 SW 8TH STREET 3RD FLOOR MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 90° SW 8™ STREET Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) #206 City & State City & State 4. FEI Number Applied For 65-0701611 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUGOS, JAIME 90 SW 8TH ST. Street Address (P.O. Box Number is Not Acceptable) 3RD FLOOR **MIAMI FL 33130** #206 City 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 Fiorida. 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE **∑** Change Addition ☐ Delete BRUGOS, JAIME NAME NAME 90 SU 8TH STEET \$ 206 STREET ADDRESS 90 SW 8TH ST., 3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP ☐ Delete ☐ Addition TERREROS, MARIA A. NAME 90 SW 8TH STREET 90 SW 8TH ST., 3RD FLOOR STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CHIY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE _ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the receiver of further 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 with all other like empowered

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