2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2007 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # P96000089474 1. Entity Name KEY RESORT, INC.							01-23-2007	90017	010 ***15	0.00	
Principal Place of Business Mailing Address											
3250 MARY STREET, SUITE 500 MIAMI, FL 33133			3250 MARY STREET, SUITE 500 MIAMI, FL 33133			1 (41)(41)	60004917				
2. Principal P	Place of Busin	iess - No P.O. Box#	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01032007	Chg-P	CR2E	034 (12/06)		
City & Stat	8		City & State			1	4. FEI Number Applied For 65-0712110 Not Applicable				
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent						
PELTZ, ARVIN 3250 MARY STREET SUITE 500					Name Street Address (P.O. Box Number is Not Acceptable)						
											MIAMI, FL 33133
The above named entity submits this statement for the purpose of changing its registerer						FL Zip Code					
the above	named entity tions of regist	y submits this statement for t ered agent.	he purpose of changing its	registere	ed office or regis	stered agent, or be	oth, in the State of Flo	orida. Iam	n familiar with,	and accept	
SIGNATURE	Signature house	Še opiotod opera al constant a sociator	title if conficeble (NOT)	* Pa	4 4 4 2 4			0.75			
,	Signature, types	or printed name of registered agent and	unte ir applicable. (NOTE	:: Hagistered	d Agent signature requ	ilred when reinstating)		DATE			
		: \FEE IS \$150.00 /'Fee will be \$550.00	9. Election Campai Trust Fund Cont	•	~ — -	55.00 May Be dded to Fees					
10.	!	OFFICERS AND D	RECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SHERWOOD M RY STREET SUITE 500	☐ Delete						☐ Change	☐ Addition	
TITLE	VCPA	. 33133	Delete	-					[] (hann)	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LEFTON,	DONALD E RY STREET SUITE 500 33133	Delete						☐ Change	☐ Addition	
TITLE	P	DOLICIAS	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		DOUGLAS RY STREET SUITE 500 _ 33133			et address -ST-Zip						
TITLE NAME STREET ADORESS CITY-ST-ZIP		THOMAS F RY STREET SUITE 500 - 33133	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Chan g e	Addition	
NAME STREET ADVIRESS			☐ Delete	NAMI Patro	1				☐ Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SHERUCO M. WEISER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2007 305-445-4214 Date Daytime Phone #