2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-07-2005 90033 007 ***150.00

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1. Entity Name
NEW DAWN KEY, INC.

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR. SUITE 200 COCONUT GROVE, FL 33133 US	C/O NEW DAWN COMPANIES 2601 S. BAYSHORE DR., SUITE 200 COCONUT GROVE, FL 33133 US

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03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0851207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACK KAPLAN
C/O KEY REALTY
2601 S. BYSHORE DRIVE, SUITE 200
COCONUT GROVE, FL 33133

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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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPLAN, JACK O
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 200
CITY-ST-ZIP	COCONUT GROVE, FL 33131
TITLE	VPS
NAME	AVILA, EDUARDO
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 200
CITY-ST-ZIP	COCONUT GROVE, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jack Kaplan 4-16-05 305-857-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #