## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P98000033016 04-20-2007 90200 023 \*\*\*150.00 1. Entity Name KEY BISCAYNE SERVICES, INC. Principal Place of Business Mailing Address **104 CRANDON BLVD** 20001424 104 CRANDON BLVD **SUITE #102 SUITE #102** KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0832465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLS, JEANNIE L Street Address (P.O. Box Number is Not Acceptable) **1092 NW 162ND AVENUE** PEMBROKE PINES, FL 33028 City Zip Code FL 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 rainstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE □ Delete TITLE ☐ Change MILLS, JEANNIE L NAME NAME 1092 NW 162ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS City-ST-7IP City-St-7IP 12. I hereby certify that the information applied 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. 365-1857 SIGNATURE:

**FILED**