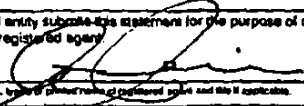
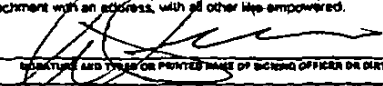


5/47

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90212 048 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000054311																																										
1. Entity Name KEYSTONE REALTY ENTERPRISES, INC.																																										
Principal Place of Business 1680 NE 125TH STREET NORTH MIAMI, FL 33181 US		Mailing Address 1680 NE 125TH STREET NORTH MIAMI, FL 33181																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent ISIDRON, ELIA 12438 N BAYSHORE DR NORTH MIAMI, FL 33181		66019140  05012006 No Chg-P CR2E034 (11/05) 4. FBI Number 65-0844868 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable DO NOT WRITE IN THIS SPACE																																								
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: 5/1/06																																										
FILE NOW!!! FEB IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																										
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>ISIDRON, ELIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12438 N BAYSHORE DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI, FL 33181</td> </tr> <tr> <td>TITLE</td> <td>S</td> </tr> <tr> <td>NAME</td> <td>ISIDRON, EDDIE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12438 N. BAYSHORE DR.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI, FL 33181</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> DO NOT WRITE IN THIS SPACE			TITLE	P	NAME	ISIDRON, ELIA	STREET ADDRESS	12438 N BAYSHORE DR	CITY-ST-ZIP	NORTH MIAMI, FL 33181	TITLE	S	NAME	ISIDRON, EDDIE	STREET ADDRESS	12438 N. BAYSHORE DR.	CITY-ST-ZIP	NORTH MIAMI, FL 33181	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	P																																									
NAME	ISIDRON, ELIA																																									
STREET ADDRESS	12438 N BAYSHORE DR																																									
CITY-ST-ZIP	NORTH MIAMI, FL 33181																																									
TITLE	S																																									
NAME	ISIDRON, EDDIE																																									
STREET ADDRESS	12438 N. BAYSHORE DR.																																									
CITY-ST-ZIP	NORTH MIAMI, FL 33181																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
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 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.																																										
SIGNATURE:  DATE: _____																																										