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Jun 16, 2006 8:00 am
Secretary of State
05-04-2006 90212 048 ***150.00

5/4/

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054311

1. Entity Name
KEYSTONE REALTY ENTERPRISES, INC.

66019140

Principal Place of Business	Mailing Address
1680 NE 125TH STREET NORTH MIAMI, FL 33181 US	1680 NE 125TH STREET NORTH MIAMI, FL 33181

05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0844868
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISIDRON, ELIA
12438 N BAYSHORE DR
NORTH MIAMI, FL 33181

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 5/4/06.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when reinstating)

FILE NOW!!! FEE 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

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.2

May 02 06 12:56p