


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90020 010 \*\*\*150.00

<b>DOCUMENT # P99000022474</b> 1. Entity Name <b>KEYS GATE REALTY, INC.</b>																																	
Principal Place of Business <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>			Mailing Address <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State			City & State																														
Zip		Country		Zip																													
Country		Country		4. FEI Number <b>65-0905366</b>																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent <b>SONN, TERRI KORN C/O LEOPOLD, KOONEL, LEOPOLD, P.A. 20801 BISCAYNE BLVD., STE 501 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>SONN, Terri</b> Street Address (P.O. Box Number is Not Acceptable) <b>LEOPOLD, KORN, LEOPOLD, P.A.</b> <b>20801 Biscayne Blvd, Ste 501</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>																													
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 <i>Terri L. Sonn</i> (NOTE: Registered Agent signature required when reinstating) DATE																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D LATTERNER, PAIGE 888 KINGMAU RD HOMESTEAD, FL 33035</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LATTERNER, PAIGE 888 KINGMAU RD HOMESTEAD, FL 33035</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <i>President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	



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