

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000104072						<p>FILED</p> <p>04 OCT 28 PM 4:57</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name KEYS SHOPPER, INC.							
Principal Place of Business 99615 OS HWY KEY LARGO, FL 33037		Mailing Address 99615 OS HWY SUITE 1720 KEY LARGO, FL 33037					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHANNON, MICHAEL G 1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131				Name Alan W. Levine, Esquire Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave., 7th Flr. City Miami FL Zip Code 33131			
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:  ALAN W. LEVINE				DATE: 10-27-04			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSHOWER, JOHN POST OFFICE BOX 1998 N/A KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Pres./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Emilio Ruiz 158 Bahama Avenue Key Largo, Florida 33037		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSHOWER, LYNDIA P.O BOX 1998 KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042284937 10/28/04--01046--014 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/ VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crescencio Ruiz, Jr. 7345 SW 96th Street Miami, Florida 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crescencio Ruiz, Sr. 10485 SW 27th Street Miami, Florida 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crescencio Ruiz, Sr. 10485 SW 27th Street Miami, Florida 33165		
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:  JOHN MUNSHOWER, PRES./DIR				Date: 10/27/04 305-451-1896 Daytime Phone #			