

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V55133			
1. Entity Name KEYNA CONDO, INC.			
Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US		Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US	
DO NOT WRITE IN THIS SPACE			
			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0360231	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 2 ALHAMBRA PLAZA PHTB CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ALEJANDRO 2299 DOUGLAS RD 4TH FL MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ANA GISELA 2299 DOUGLAS RD 4TH FL MIAMI, FL		
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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: 		3/3/06 (305) 443-2508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	