

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90047 044 ***150.00

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01182007 Chg-P CR2E034 (12/06)

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
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2. Principal Place of Business - No P.O. Box # <u>2665 S. Bayshore Dr.</u> Suite, Apt. #, etc. <u>Suite # 302</u> City & State <u>Coconut Grove, FL</u> Zip <u>33133</u> Country <u>USA</u>	3. Mailing Address <u>2665 S. Bayshore Dr.</u> Suite, Apt. #, etc. <u>Suite # 302</u> City & State <u>Coconut Grove, FL</u> Zip <u>33133</u> Country <u>USA</u>
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6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 2 ALHAMBRA PLAZA PHTB CORAL GABLES, FL 33134	
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4. FEI Number 65-0360231	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ALEJANDRO 2299 DOUGLAS RD 4TH FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sosa, Alejandro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Dr. Suite # 302 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ANA GISELA 2299 DOUGLAS RD 4TH FL MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sosa, Ana Gisela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Dr. Suite # 302 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/16/07
Date

Daytime Phone # _____