


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90002 039 \*\*\*150.00

**DOCUMENT # P97000037833**

1. Entity Name  
**K.B. VILLAGE REALTY, INC.**



Principal Place of Business  
**HOME - OFFICE # 11**  
**325 FERNWOOD RD**  
**KEY BISCAVAYNE FL 33149**

Mailing Address  
**325 FERNWOOD RD # 11**  
**KEY BISCAVAYNE FL 33149**



2. Principal Place of Business  
**Home - office # 11**  
 Suite, Apt. #, etc. **11**

3. Mailing Address  
**325 Fernwood Rd # 11**  
 Suite, Apt. #, etc. **11**

1st MOORE CR2E034 (10/05)

City & State  
**Key BISCAVAYNE, FL.**

City & State  
**Key BISCAVAYNE, FL.**

Zip  
**33149**

Country  
**DAOE**

4. FEI Number **65-1083133**

Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGULO, ANA MARIA**  
**2151 SOUTH LEJEUNE ROAD**  
**SUITE 310**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME VALLS, MARIA E.	
STREET ADDRESS 325 FERNWOOD ROAD, SUITE 11	
CITY-ST-ZIP KEY BISCAVAYNE FL 33149	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Broker Feb 9-06 305 3655478**

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