

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 267518

**Entity Name:** KEY TRAVEL SERVICES, INC.**Current Principal Place of Business:**241 SEVILLA AVE.  
CORAL GABLES, FL 33134**Current Mailing Address:**241 SEVILLA AVE.  
CORAL GABLES, FL 33134 US**FEI Number:** 59-0997458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:** C T CORPORATION SYSTEM

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LE STIR, RONAN  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BETTI, TAREK  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name LE STIR, RONAN  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name DEMPSEY, CECELIA  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name SCHURAD, SUSANNE  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name THOMPSON, PETER M.  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SCHURAD, SUSANNE  
Address 241 SEVILLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONAN LE STIR

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date