

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90003 046 \*\*\*150.00

**DOCUMENT # 607945**

1. Entity Name  
**KENDALL EQUIPMENT CORP.**



Principal Place of Business  
 650 NW 120TH STREET  
 MIAMI, FL 33168

Mailing Address  
 650 NW 120TH STREET  
 MIAMI, FL 33168

**44045905**



04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2027849**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDO, MAURICIO  
 19333 COLLINS AVE  
 SUNNY ISLES BEACH, FL 33160

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINDO, MAURICIO	
STREET ADDRESS	650 W. 120TH ST	N.W.
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINDO, LUCY	
STREET ADDRESS	650 W. 120TH ST	N.W.
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDO, MAURICE A.	
STREET ADDRESS	650 W. 120TH ST	N.W.
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDO, SUSAN	
STREET ADDRESS	650 W. 120TH ST	N.W.
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 N.W. 120th ST.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 N.W. 120th ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 N.W. 120th ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 N.W. 120th ST.	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*M-L*

305 6813646