


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90316 040 \*\*\*\*61.25

<b>DOCUMENT # 755713</b> 1. Entity Name <b>KENLAND BEND SOUTH CONDOMINIUM, INC.</b>					
Principal Place of Business <b>C/O M.A.C. MGMT., INC.</b> <b>1200 NW 78 AVE., #215</b> <b>MIAMI, FL 33126 US</b>			Mailing Address <b>C/O M.A.C. MGMT., INC.</b> <b>1200 NW 78 AVE., #215</b> <b>MIAMI, FL 33126 US</b>		
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 <b>59-2159371</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAMEJO, MARIA A</b> <b>M.A.C. MGMT., INC.</b> <b>1200 NW 78 AVE., #215</b> <b>MIAMI, FL 33126</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <i>Maria A. Camejo</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <i>03/15/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, FRANCISCO		NAME	FERREIRA, FRANCISCO	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9040 SW 125 AVE. D-403	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRERA, RODOLFO		NAME	JORG, Mercedes	
STREET ADDRESS	8357 WEST FLAGLER STREET		STREET ADDRESS	9040 SW 125 AVE. D-209	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD-D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, ARMANDO		NAME	MACHIN, ANTONIO	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9040 SW 125 AVE. D-110	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRAUD, JAVIER		NAME	GIRAUD, JAVIER	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9020 SW 125 AVE. F-205	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BANKS, KARLA	
STREET ADDRESS			STREET ADDRESS	9040 SW 125 AVE. D-402	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: <i>Francisco S. Ferreira</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>03/15/05</i> (205) 262-1123 <small>Daytime Phone #</small>		

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