2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State

DOCUMENT # 760537 1. Entity Name KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.						05-23-2005			1.25
Principal Place 14104 5W 14 MIAMI, FL 33	12 AVE	Mailing Address P.O. BOX 77-1593 MIAMI, FL 33177	JS			200	5930;	}	
2. Principal Pl	ace of Business	3. Mailing Address		······					
14014 - Suite, Apt.	-141245W142AU	Suite, Apt. #, etc.	 						
M					03172005	hg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-21633	90		_ 	plied For t Applicable
Zip	186 Scountry Ce	Zip	Cox	ntry	5. Certificate of S	Status Desired		\$8.75 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered A	gent	
DEEMS, A	LAN			Name					
14104 142 AVE MIAMI, FL 33186			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	?
	named entity submits this statement for ions of registered agent.	rthe purpose of changing its	register	ed office or regi	stered agent, or both, i	n the State of Fl	orida. I am f	amiliar with,	and accept
SIGNATURE .				d forms around an					
	Signature, typed or printed name of registered agent is	and trie ir applicable. (NUI	E: Regustere	n where artherene red	ured when rensisting)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees		Aake check rida Depart		
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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: _

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.05

Daytime Phone #