


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 760537
 1. Entity Name
KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**14074-14124 SW M2 AVE
 MIAMI, FL 33186 US**

Mailing Address
**P.O. BOX 77-1593
 MIAMI, FL 33177 US**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2163390 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DEEMS, ALAN
 14104 142 AVE
 MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitled.)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEEMS, ALAN P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRASSBAUGH, CAROL P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HECKER, JAY P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, CONNIE P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, FRANK P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000548807
 05/12/06-80078-018 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Jay M Hecker DPO Date: 4/20/06 305-251-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR