

DOCUMENT # 760537 1. Entity Name KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.						07 OCT 1 \ 2% 12: 03			
Principal Place of Business 14074-14124 SW M2 AVE MIAMI, FL 33186 US		Mailing Address P.O. BOX 77-1593 MIAMI, FL 33177 US		- 		SEELFLO		iri si issi	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09172007 _{RE}	IN-NP	CR2E099 (1/07)	
City & State		City & State		• •	4. FEI Number 59-216339	0		 	plied For Applicable
Zip	Country	Zip	Country		5. Certificate of S	atus Desired		75 Addir Required	tional
	6. Name and Address of Current	t Registered Agent			7. Name and Add	lress of New Re	gistered Agent	1	
DEEMS A	LAN			Name				,	
DEEMS, ALAN 14104 142 AVE MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable)					
				City	 	· · ·	FL Z	ip Code	· · · · · · · · · · · · · · · · · · ·
0.73	named entity submits his statement for					15 - Co-1 1 P-1			
SIGNATURE.	ions of registered agent	Dumo					9/18/07		
	Signature, typed or printed name of registered agen	st and stie # applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	bate,		
	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$236.25 anuary 1, 2008, Fee will be \$297		E: Registere	d Agent signature requ	ired when reinstating)		bate/ ake check pay da Departmen		
	FILE NOW!!! FEE IS \$236.25	7.50	E: Registere		ired when reinstating) ADDITIONS/CHANG	Flori	da Departmen	nt of Sta	ate
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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 oality, 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:

MATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 0 0 / Oate

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