


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 770159 1. Entity Name KENDALL LAKES EAST PATIO CONDOMINIUM ASSOCIATION INC.	
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Principal Place of Business 13250 SW 135 AVE. MIAMI, FL 33186	Mailing Address 13250 SW 135 AVE. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2044050	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, MARIA V ESQ. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000694520 04/17/07-80023-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JANE, MANUEL 6225 SW 136 COURT C-209 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANKEN, MADELINE 6225 SW 136 CT., C104 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SARMIENTO, CRISTIAN 6278 SW 136 CT F201 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Madeline Shanken 3/25/07 305/386-1868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Madeline Shanken