


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90088 025 ***150.00

DOCUMENT # L11952 1. Entity Name KENDALL HAMMOCKS, INC.	
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Principal Place of Business % CLIFFORD L. SUCHMAN 15675 SW 88 ST MIAMI, FL 33156 US	Mailing Address C/O SHANE SUCHMAN R. E. CO. 1550 MADRUGA AVE S230 CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0148053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
1550 MADRUGA AVE SUITE 230
CORAL GABLES, FL 33146

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 SUCHMAN, CLIFFORD L. 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, PETER A 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANE, MARTIN H 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUCHMAN, DANIEL A 328 MINORCA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUCHMAN, LAWRENCE E 1550 MADRUGA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, SAUL 1550 MADRUGA AVE CORAL GABLES, FL

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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 607, 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: Peter A. Roberts, ST **PETER A. ROBERTS** 3/10/04 305-667-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #