


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 013 ***150.00

DOCUMENT # L11952			
1. Entity Name KENDALL HAMMOCKS, INC.			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUCHMAN, LAWRENCE E 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHMAN, CLIFFORD L.	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PETER A	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANE, MARTIN H	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHMAN, DANIEL A	NAME	
STREET ADDRESS	328 MINORCA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHMAN, LAWRENCE E	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITMAN, PHILIP	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
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 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: <u>Peter A. Roberts</u>		04/12/2007 305-667-6461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER A. ROBERTS		Date Daytime Phone #	