

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11952

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: KENDALL HAMMOCKS, INC.

**Current Principal Place of Business:**

% CLIFFORD L. SUCHMAN  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SUCHMAN RETAIL GROUP INC  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 65-0148053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SUCHMAN, CLIFFORD L  
Address: 1550 MADRUGA AVE STE 230  
City-St-Zip: CORAL GABLES, FL

Title: VT  
Name: SUCHMAN, LAWRENCE E  
Address: 1550 MADRUGA AVE STE 230  
City-St-Zip: CORAL GABELS, FL 33146

Title: V  
Name: LEITMAN, PHILIP  
Address: 1550 MADRUGA AVE STE 230  
City-St-Zip: CORAL GABLES, FL

Title: VAS  
Name: ZIMMY, JAMES F JR  
Address: 1550 MADRUGA AVE STE 230  
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD SUCHMAN

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04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date