2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001051

Entity Name: THE BARN AT WEST KENDALL INC.

FILED Apr 25, 2005 Secretary of State

Littly Nai	IIIE. THE DAK	IN AT WEST KENDALL, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
13876 SOU UNIT#262 MIAMI, FL	JTHWEST 56 33175	STREET					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
13876 SOU UNIT#262 MIAMI, FL	JTHWEST 56 33175	STREET					
FEI Number:	: 01-0767200	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:		
UNIT#262	ANA UTHWEST 56 33175 US	STREET					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or	both,	
SIGNATU							
Electronic Signature of Registered Agent			ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SIBERIO, ANA	Delete VEST 56 STREET UNIT#262 75	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	HERNANDEZ, N	VEST 56 STREET UNIT#262	Title: Name: Address: City-St-Zip:	ALEJANDRO	HWEST 56 STREET UNIT#262		
Title: Name: Address: City-St-Zip:	S () VALDEZ, FRAN 13412 S.W. 65 MIAMI, FL 331	LANE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	T () VILLOLDO, PA ⁻ 15522 S.W. 60 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	CHPD ()	Delete	Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANA SIBERIO PD 04/25/2005

VILLOLDO-NOGUES, ELIA MERCEDES

15522 S.W. 60 STREET

MIAMI, FL 33193

Name:

Address: City-St-Zip: