

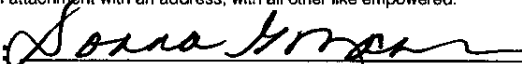


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90049 046 \*\*\*\*61.25

<b>DOCUMENT # N03000010257</b>					
1. Entity Name KENDALL CHAMBER OF COMMERCE, INC.					
Principal Place of Business 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US			Mailing Address 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0600031</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLANAGAN, JEFFREY M 999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES, FL 33134				Name <b>Donna G. Masson</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>6410 SW 80 Street</b>	
				City <b>South Miami</b>	
				FL <b>33143</b>	
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 		Donna G. Masson, President			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSON, DONNA			NAME	
STREET ADDRESS	6410 SW 80 STREET			STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSON, DONNA			NAME	Crosby, Edith
STREET ADDRESS	6410 SW 80 STREET			STREET ADDRESS	12232 SW 128 Street Miami, FL 33186
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	SEC	<input checked="" type="checkbox"/> Delete		TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSON, DONNA			NAME	Glynn, Judy
STREET ADDRESS	6410 SW 80 STREET			STREET ADDRESS	7565 SW 141 Street Miami, FL 33158
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	TREA	<input checked="" type="checkbox"/> Delete		TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSON, DONNA			NAME	Bonnet, Robert L.
STREET ADDRESS	6410 SW 80 STREET			STREET ADDRESS	8181 SW 117 Ave Pinecrest, FL 33156
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	Chairman-Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Flanagan, Jeffrey
STREET ADDRESS				STREET ADDRESS	999 Ponce DeLeon Blvd., Ste 1000
CITY-ST-ZIP				CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: 		3-4-04		3W-661-1621	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	