


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N35897
 1. Entity Name
KENDALL COMMERCE CENTER CONDOMINIUM ONE ASSOCIATION, INC.



Principal Place of Business 12201 SW 129TH CT. STE 100 MIAMI, FL 33186 US	Mailing Address 12201 SW 129TH CT. STE 100 MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0170654	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FONSECA, EFRAIN
 12201 SW 129TH CT.
 STE 100
 MIAMI, FL 33186

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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 registering)

Filing Fee is \$61.25 Due by May 1, 2007

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	T FONSECA, BERNICE 12201 SW 129TH CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONSECA, JANETH 12201 SW 129TH CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONSECA, EFRAIN 12201 SW 129TH CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEUMUS, HOWARD 12201 SW 129TH CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/07-80032-007 70.00

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 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:  **President EFRAIN FONSECA** 04-16-07 3052557863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Print