


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N44475
 1. Entity Name
KENDALL FOREST BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O CMV MANAGEMENT CO 10934 SW 146 PL MIAMI, FL 33186	Mailing Address C/O CMV MANAGEMENT CO 10934 SW 146 PL MIAMI, FL 33186
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0319937	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
 C/O CMV MANAGEMENT CO.
 10934 SW 146 PL
 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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: *Joselyn Lopez* (NOTE: Registered Agent signature required when renewing)
 DATE: *4/29/04*

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000153145
 05/04/04-80116-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN HOUTEN, MARYLIN 12350 SW 132ND CT. #213 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FONSECA, EDGARD 12350 SW 132ND CT. #208 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRISSEL, MICHAEL 12350 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edgard Fonseca*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: *4/29/04*
 DAYTIME PHONE #: *305-787-6267*

EDGARD Fonseca, President