
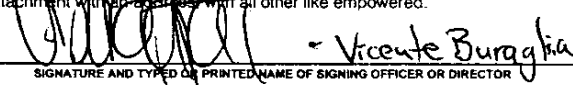


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90036 043 ****61.25

DOCUMENT # N44475					
1. Entity Name KENDALL FOREST BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12350 SW 132 CT #211 MIAMI, FL 33186		Mailing Address PO BOX 831741 MIAMI, FL 33283			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0319937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
OCEAN MANAGEMENT INVESTMENTS CORP. % EDGARD FONSECA 12350 SW 132 CT. #213 MIAMI, FL 33186		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN HOUTEN, MARYLIN		NAME	JAIMER RIVERO	
STREET ADDRESS	12350 SW 132ND CT. #213		STREET ADDRESS	12350 SW 132 CT #114	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHIN, DORIS		NAME	VICENTE BURAGLIA	
STREET ADDRESS	12350 SW 132ND CT. #208		STREET ADDRESS	10705 SW 132 AVE	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI FL. 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSIG, JORGE		NAME	ANDREA LAVINA	
STREET ADDRESS	12350 SW 132 CT		STREET ADDRESS	12350 SW 132 CT #216	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT GARDANA	
STREET ADDRESS			STREET ADDRESS	12350 SW 132 CT #204	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EDWARD BRANOFF	
STREET ADDRESS			STREET ADDRESS	12000 SW 1205T	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 the address with all other like empowered.					
SIGNATURE: 		Vicente Buraglia		2/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				(305) 804-9098	
				Daytime Phone #	