

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N94000002197

1. Entity Name
KENDALL FOREST BUSINESS PARK II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O CMV MANGEMENT CO
 10934 SW 146 PLACE
 MIAMI, FL 33186**

Mailing Address
**C/O CMV MANGEMENT CO
 10934 SW 146 PLACE
 MIAMI, FL 33186**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0578350** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CMV MANAGEMENT CO
 KENDALL FOREST BUSINESS II
 10934 SW 146 PLACE
 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 *[Signature]*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

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

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

1000000153142
 05/04/04-80116-005 70.00

10. OFFICERS AND DIRECTORS

TITLE: **PD**
 NAME: **BHAWANDA, ALLISON**
 STREET ADDRESS: **12360 SW 132 CT. #211**
 CITY- ST- ZIP: **MIAMI, FL 33186**

TITLE: **VD**
 NAME: **LOPEZ, SERGIO**
 STREET ADDRESS: **12360 SW 132 CT. #108**
 CITY- ST- ZIP: **MIAMI, FL 33186**

TITLE: **STD**
 NAME: **FLEITES, MARIA**
 STREET ADDRESS: **12360 SW 132 CT # 203-05**
 CITY- ST- ZIP: **MIAMI, FL 33186**

TITLE: **D**
 NAME: **PERRIN, ROSE**
 STREET ADDRESS: **13000 SW 120 ST.**
 CITY- ST- ZIP: **MIAMI, FL 33186**

TITLE: **D**
 NAME: **CARRUITERO, CARLOS**
 STREET ADDRESS: **12360 SW 132 CT. #204**
 CITY- ST- ZIP: **MIAMI, FL 33186**

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)(c), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

DATE

305-387-6267

DAYTIME PHONE #

Allison BHAWANDA