

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 002 ****61.25

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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	
2. Principal Place of Business C/O J. R. Gonzalez + Assoc Suite, Apt. #, etc. 11936 SW 8th Street City & State Miami, FL Zip 33184		3. Mailing Address C/O J. R. Gonzalez + Assoc Suite, Apt. #, etc. 11936 SW 8th Street City & State Miami, FL Zip 33184	
4. FEI Number 65-0578350		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Jesus R. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8th Street City Miami FL Zip Code 33184	
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 X		DATE 4/4/05	
Filing Fee is \$51.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BHAWANDA, ALLISON 12360 SW 132 CT. #211 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, SERGIO 12360 SW 132 CT. #108 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEITES, MARIA 12360 SW 132 CT # 203-05 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 13000 SW 120 ST. MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRUITERO, CARLOS 12360 SW 132 CT. #204 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(l), 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 title empowered.			
SIGNATURE: X		DATE 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #	