


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90063 027 \*\*\*150.00

**DOCUMENT # P0000096604**  
 1. Entity Name  
 KENDALLE MACHINE SHOP, INC.



|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>12500 SW 130TH ST<br>BAY #20<br>MIAMI, FL 33186 | Mailing Address<br>12500 SW 130TH ST<br>BAY #20<br>MIAMI, FL 33186 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

20032124



04072005 No Chg-P CR2E034 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-1050567                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

MONCADA, DENIS  
 12500 SW 130TH ST  
 BAY #20  
 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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MONCADA, DENIS<br>10810 NW 7TH ST APT 9<br>MIAMI, FL 33172      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>MONCADA, DENIS A JR<br>10810 NW 7TH ST APT 9<br>MIAMI, FL 33172 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(i), 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 607, 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: *Denish Moncada* Date: *4-10-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #