

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90167 025 \*\*\*158.75

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P05000158147</b><br>1. Entity Name<br><b>KENDALL COMPREHENSIVE, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>11865 SW 26TH ST., #18<br/>MIAMI, FL 33175</b>   |   |   |   | Mailing Address<br><b>11865 SW 26TH ST., #18<br/>MIAMI, FL 33175</b>   |  |
| 2. Principal Place of Business<br><b>11865 SW 26th st</b>  |   | 3. Mailing Address<br><b>11865 SW 26th st</b> |   |  |  |
| Suite, Apt. #, etc.<br><b>Suite I-8</b>  |   | Suite, Apt. #, etc.<br><b>Suite I-8</b>       |   | 02242006 Chg-P CR2E034 (11/05)   |  |
| City & State<br><b>Miami FL</b>  |   | City & State<br><b>Miami FL</b>               |   | 4. FEI Number<br><b>26-0129972</b>   |  |
| Zip<br><b>33175</b>  |   | Country<br><b>USA</b>                         |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUSUTIL, ARNALDO<br/>11865 SW 26TH ST., #18<br/>MIAMI, FL 33175</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Busutil Arnaldo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11865 SW 26 SE</b><br><b>Suite I-8</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BUSUTIL, ARNALDO<br>11865 SW 26TH ST., #18 <b>Nº I-8</b><br>MIAMI, FL 33175 | <input type="checkbox"/> Delete               |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>VALDES, OSCAR<br>11865 SW 26TH ST., #18 <b>Nº I-8</b><br>MIAMI, FL 33175    | <input type="checkbox"/> Delete               |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| 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 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. |   |   |   |  |  |
| <b>SIGNATURE: <u>Osvaldo</u> <u>Oscar Valdes</u> <u>03/01/06</u> <u>305-293-8149</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |  |