


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 021 ***150.00

DOCUMENT # P93000058998

1. Entity Name
KENDALL CREDIT AND BUSINESS SERVICE, INC.



Principal Place of Business Mailing Address
8500 SW 117 RD **6855 RED RD #600**
5TH FL **CORAL GABLES, FL 33143** **US**
MIAMI, FL 33183 **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0434778 Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID R
6855 RED RD #600
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELEY, BRIAN E	NAME	
STREET ADDRESS	6855 RED ROAD SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEAF, WENDY	NAME	
STREET ADDRESS	6855 RED ROAD SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, KAREN	NAME	
STREET ADDRESS	6855 RED ROAD SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, RALPH E	NAME	
STREET ADDRESS	6855 RED ROAD SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
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	
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 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: Karen Godfrey Date: 2/1/08 Daytime Phone #: 786-662-7467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR