


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 019 ***150.00

DOCUMENT # P98000095993

1. Entity Name
KENDALL PANTHER, INC.



Principal Place of Business Mailing Address

155 S. MIAMI AVE 155 S. MIAMI AVE
 STE PH-2A STE PH-2A
 MIAMI, FL 33130 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0885449 Not Applicable

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

6. Name and Address of Current Registered Agent

~~GRIFFITH, ALLANT~~ Daniel Sirlin
~~2100 MCGREGOR BLVD~~ c/o Panther Management Corp.
~~FORT MYERS, FL 33901~~ 155 S. Miami Ave, PH 2A
 Miami FL 33130

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8. The above named entity certifies 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:  Daniel Sirlin DATE: 4/26/04

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, 2004 Fee will be \$550.00

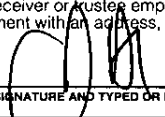
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIRLIN, DANIEL
STREET ADDRESS	155 S. MIAMI AVE -STE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	KRINSKY, JEFF
STREET ADDRESS	155 S. MIAMI AVE -STE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Jeff Krinsky DATE: 4/26/04 305-374-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #