


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000069779</b> <small>1. Entity Name</small> <b>KENDALL VILLAGE, INC.</b>					
<small>Principal Place of Business</small> 2665 S BAYSHORE DRIVE STE 1200 COCONUT GROVE FL 33133			<small>Mailing Address</small> 2665 S BAYSHORE DRIVE STE 1200 COCONUT GROVE FL 33133		
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City &amp; State</small>		<small>City &amp; State</small>		<small>4. FEI Number</small> <b>65-0943966</b> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BERKOWITZ, JEFFREY L 2665 S BAYSHORE DRIVE STE 1200 COCONUT GROVE FL 33133			<small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ _____ <small>City</small> <span style="float: right;"><b>FL</b></span> <small>Zip Code</small> _____		
<small>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.</small>					
SIGNATURE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<small>9. Election Campaign Financing</small> <b>\$5.00</b> <small>May</small> <input type="checkbox"/> <small>Trust Fund Contribution.</small> <input type="checkbox"/> <small>Added to Fees</small>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> D <input type="checkbox"/> Delete <small>NAME</small> BERKOWITZ, JEFFREY L <small>STREET ADDRESS</small> 2665 S BAYSHORE DRIVE STE 1200 <small>CITY-ST-ZIP</small> COCONUT GROVE FL 33133			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____		
<small>TITLE</small> <input type="checkbox"/> Delete <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____		
<small>TITLE</small> <input type="checkbox"/> Delete <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____		
<small>TITLE</small> <input type="checkbox"/> Delete <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____		
<small>TITLE</small> <input type="checkbox"/> Delete <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____			<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <small>NAME</small> _____ <small>STREET ADDRESS</small> _____ <small>CITY-ST-ZIP</small> _____		
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</small>					
<b>SIGNATURE:</b> _____			_____ <b>03/20/06 (305) 859-2800</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #



1st MOORE CR2E034 (10/05)