

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 396967**

1. Entity Name  
**KENDALL AUTO PARTS, INC.**



Principal Place of Business  
**8830 S.W. 129TH STREET  
MIAMI FL 33176**

Mailing Address  
**8830 S.W. 129TH STREET  
MIAMI FL 33176**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1382938**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUNNINGHAM, GARY  
16300 S.W. 109 AVENUE  
MIAMI FL 33157**

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

*Gary Cunningham, Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring.)

DATE

*4/23/07*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete  
NAME: **CUNNINGHAM, GARY**  
STREET ADDRESS: **16300 SW 109TH AVE.**  
CITY-STATE-ZIP: **MIAMI FL**

TITLE: **VP** ☐ Delete  
NAME: **CUNNINGHAM, TED**  
STREET ADDRESS: **9760 SW 159TH STREET**  
CITY-STATE-ZIP: **MIAMI FL**

TITLE: **ST** ☐ Delete  
NAME: **RUSH, DEBRA**  
STREET ADDRESS: **27825 SW 164TH COURT**  
CITY-STATE-ZIP: **HOMESTEAD FL 33031**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
U000000721940  
05/02/07-80010-022 150.00

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07*

*305-238-0511*

Date

Daytime Phone #