

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 404395**

1. Entity Name

BRENDA PROPERTIES, INC.



Principal Place of Business

KIMCO REALTY CORP  
3333 NEW HYDE PARK RD, STE 100  
NEW HYDE PK. NY 11042

Mailing Address

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PK. NY 11042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

11-2727694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHINDLER, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

000000351759  
05/03/05-80002-005 150.00

4-27-05 516899187