

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 549811  
1. Entity Name  
KENDALL SALES CORPORATION



Principal Place of Business  
5890-5892 STIRLING RD  
HOLLYWOOD, FL 33021 US

Mailing Address  
12760 S.W. 103 TERRACE  
MIAMI, FL 33186



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1795882

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHISHOLM, LOUISE  
12760 S.W. 103RD TERRACE  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000135940  
04/28/04-80076-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
CHISHOLM, EDWARD A.  
12760 S.W. 103 TERRACE  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
STD  
CHISHOLM, LOUISE  
12760 S.W. 103 TERRACE  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
RAMSAHAI, PAULINE Y.  
12760 S.W. 103 TERRACE  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Louise Chisholm* LOUISE CHISHOLM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (385) 386-2224  
Date Daytime Phone #