

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90011 037 ****70.00

DOCUMENT # 709622 1. Entity Name KEN-DADE CONDOMINIUM, INC.			
Principal Place of Business JACOBS/ALFONSO PO BOX 562691 MIAMI, FL 33156		Mailing Address JACOBS/ALFONSO POB 56291 MIAMI, FL 33256	
2. Principal Place of Business - No P.O. Box # JACOBS/ALFONSO		3. Mailing Address JACOBS/ALFONSO	
Suite, Apt. #, etc. P.O. Box 562691		Suite, Apt. #, etc. P.O. Box 562691	
City & State Miami, FL		City & State Miami, FL	
Zip 33156		Zip 33256	
Country USA		Country USA	
6. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. 6161 BLUE LAGOON DRIVE, #250 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME FOSTER, MIKE	<input type="checkbox"/> Delete	TITLE Foster, Mike	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9175 SW 77 AVE # 310		STREET ADDRESS 9175 SW 77 AVE	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP Miami, FL 33156	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE VRZULA, GLADYS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9175 SW 77 AVE # 210		STREET ADDRESS 9175 SW 77 AVE #210	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP Miami, FL 33156	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE COVIN, Cecilia	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9175 SW 77 AVE # 106		STREET ADDRESS 9175 SW 77 AVE #309	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP Miami, FL 33156	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE VRZULA, GLADYS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9175 SW 77 AVE # 303		STREET ADDRESS 9175 SW 77 AVE #210	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP Miami, FL 33156	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE HERNANDEZ, HAIDERNA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9175 S.W. 77 AVE. #106		STREET ADDRESS MIAMI, FL 33156	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP MIAMI, FL 33156	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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 life empowered.			
SIGNATURE: <u>Mike Foster</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
2-27-07		305/223-5650	
Date		Daytime Phone #	