

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 030 \*\*\*\*61.25

<b>DOCUMENT # 709622</b> 1. Entity Name <b>KEN-DADE CONDOMINIUM, INC.</b>						
Principal Place of Business <b>JACONS/ALFONSO</b> <b>P.O. BOX 562691</b> <b>MIAMI, FL 33256 US</b>			Mailing Address <b>JACONS/ALFONSO</b> <b>P.O. BOX 562691</b> <b>MIAMI, FL 33256 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number <b>59-1267941</b>		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For: <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREITFELD, P.A.</b> <b>6161 BLUE LAGOON DRIVE, #250</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				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		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>			<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>FOSTER, MIKE</b>	<input type="checkbox"/> Delete	TITLE <b>Cecilia Covin (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>9175 SW 77 AVE # 310</b>		STREET ADDRESS <b>9175 SW 77 AVE #309</b>				
CITY-ST-ZIP <b>MIAMI, FL 33156</b>		CITY-ST-ZIP <b>MIAMI, FL 33156</b>				
TITLE <b>VP</b> NAME <b>ESPINOSA, ESTELLA</b>	<input type="checkbox"/> Delete	TITLE <b>Mike Foster (VP)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>9175 SW 77TH AVE., 110</b>		STREET ADDRESS <b>9175 SW 77 AVE #110</b>				
CITY-ST-ZIP <b>MIAMI, FL 33156</b>		CITY-ST-ZIP <b>MIAMI, FL 33156</b>				
TITLE <b>T</b> NAME <b>COVIN, CECILIA</b>	<input type="checkbox"/> Delete	TITLE <b>Estrella Espinosa (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>9175 SW 77TH AVE., 309</b>		STREET ADDRESS <b>9175 SW 77 AVE</b>				
CITY-ST-ZIP <b>MIAMI, FL 33156</b>		CITY-ST-ZIP <b>MIAMI, FL 33156</b>				
TITLE <b>TD</b> NAME <b>URZULA, GLADYS</b>	<input type="checkbox"/> Delete	TITLE <b>Wendy</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>9175 SW 77TH AVE., 210</b>		STREET ADDRESS <b>HWEI-YING Y Berry</b>				
CITY-ST-ZIP <b>MIAMI, FL 33156</b>		CITY-ST-ZIP <b>9175 SW 77 AVE # 209</b>				
TITLE <b>T</b> NAME <b>HERNANDEZ, HAIDERNA</b>	<input type="checkbox"/> Delete	TITLE <b>Gladys Urzula</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>9175 S.W. 77 AVE. #106</b>		STREET ADDRESS <b>9175 SW 77 AVE #210</b>				
CITY-ST-ZIP <b>MIAMI, FL 33156</b>		CITY-ST-ZIP <b>MIAMI, FL 33156</b>				
TITLE <b></b> NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>				
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>				
<b>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 like empowered.</b>						
<b>SIGNATURE:</b> <i>Cecilia A. Covin</i> <b>Cecilia Covin - 3-10-08</b> <b>(305) 442-0028</b>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>President</b>						