2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam KENDALL			Secretary of State 04-14-2008 90068 020 ****61.25						
12301 SW 132 CT. 123		Mailing Address 12301 SW 132 CT. MIAMI, FL 33186 US	301 SW 132 CT.			rrmma amana (mahar) (sm) W(s	RIS BAGIA GABIA GABIA FARIA JAWA	18 81 9 1 1881	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	iling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.		01162008 Chg-NP CR2E037 (12/06)				
City & State		City & State	Sity & State		4. FEI Number Applied For 59-2168688 Not Applicable				
Zip	• Country	Zip	Country	5	5. Certificate of St	atus Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BLAXBERG, BARRY-ESQ No.				9					
	AVE., STE 730		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									
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaigr Trust Fund Contrib									
10.	OFFICERS AND DI	RECTORS	11.	ADI	DITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, RANDY 7742 SW 99 ST. MIAMI, FL	Delete	TITLE	P	er, Flavio Sw 99 no FL 32		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARBETT, JUNE 7762 SW 99 CT MIAMI, FL 33156	Delete	TITLE NAME STREET ADDRESS	JU	ett, June 500 99 C	ourt	☐ Change	Addition	
TITLE NAME	T DEIZNER, GINNY	☐ Delete	TITLE	'n	David Sw 99		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7744 SW 99 ST MIAMI, FL		STREET ADORESS -	7790 Mian	500 443)T0 1915ひ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAD, JAN 7700 SW 99 ST. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	$\mathcal{D}_{\mathcal{N}}$.	z, William Sw 1003	1, 4 122	☐ Change	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-		. Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

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.