


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758183**

1. Entity Name  
**KENDALL CROSSINGS WAREHOUSE CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 12201-12231 SW 131 AVE MIAMI, FL 33156 US	Mailing Address CMV MANAGEMENT CO. 10934 S.W. 146TH PLACE MIAMI, FL 33186 US
---	---



**DO NOT WRITE IN THIS SPACE**

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2144942	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CMV MANAGEMENT CO.  
10934 S.W. 146 PLACE  
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]* DATE: *4/26/04*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000153136  
05/04/04-80116-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLIRK, JANET P 12229 SW 131 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEREZ, GEORGE 12231 SW 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUFFY, CHARLES 12215 SW 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATRICE, JANET 12229 SW 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VIANI, PAT 12219 SW 131 AVE MIAMI, FL 33186
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)(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 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.

SIGNATURE: *Charlie Duffy* DATE: *4/26/04* DAYTIME PHONE #: *305-387-6367*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charlie Duffy, President*