


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 014 ****61.25

DOCUMENT # 759090

1. Entity Name
 KENDALL WALK ASSOCIATION, INC.



Principal Place of Business
 C/O THE CONTINENTAL GROUP, INC.
 12079 SW 131 AVENUE
 MIAMI, FL 33186

Mailing Address
 C/O THE CONTINENTAL GROUP, INC.
 12079 SW 131 AVENUE
 MIAMI, FL 33186

94014337

2. Principal Place of Business
 1195 W. 144 Ct
 Suite, Apt. #, etc.
 Suite #201
 City & State
 MIAMI Florida
 Zip
 33186 Country

3. Mailing Address
 119815 W. 144 Ct
 Suite, Apt. #, etc.
 Suite #201
 City & State
 MIAMI Florida
 Zip
 33186 Country



01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2313489 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SKRLD, INC.
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME PEPE, EVELYN STREET ADDRESS 14927 SW 90 TERRACE CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TSD NAME PACE, JOSEPHINE STREET ADDRESS 15028 SW 90 STREET CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Nubia Gallego STREET ADDRESS 14920 SW 90 Ter CITY-ST-ZIP Miami, Fl 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME BRAVO, MARIA STREET ADDRESS 14911 SW 90 TERRACE CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE TD NAME Anam Khandaker STREET ADDRESS 14915 SW 90 Ave CITY-ST-ZIP MIAMI, Fl 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GLUCK, JOSEPH STREET ADDRESS 14911 SW 91 ST CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Maria Bravo Date: 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR