

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90065 041 ****61.25

20013410



02072005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2313489** Applied For Not Applicable

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

DOCUMENT # 759090

1. Entity Name
KENDALL WALK ASSOCIATION, INC.

Principal Place of Business
 119 SW 144 CT.
 STE. #201
 MIAMI, FL 33186.

Mailing Address
 119 SW 144 CT.
 STE. #201
 MIAMI, FL 33186

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

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, 2005

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PEPE, EVELYN	
STREET ADDRESS	14927 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALLEGO, NUBIA	
STREET ADDRESS	14920 SW 90 TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAVO, MARIA	
STREET ADDRESS	14911 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLUCK, JOSEPH	
STREET ADDRESS	14911 SW 91 ST	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KHANDAKER, ANAM	
STREET ADDRESS	14915 SW 90 AVE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	MARIO SOLIS (Sec)	<input type="checkbox"/> Delete
NAME	MARIO SOLIS	
STREET ADDRESS	15026 SW 90 ST.	
CITY-ST-ZIP	MIAMI FL 33196	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO SOLIS	
STREET ADDRESS	15026 SW 90 ST.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 P. Bravo Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR