


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90245 004 ****61.25

DOCUMENT # 759090

1. Entity Name
 KENDALL WALK ASSOCIATION, INC.



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

Mailing Address
 11981 SW 144 CT
 SUITE 201
 MIAMI, FL 33186

60002597



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

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

01032006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-2313489

Applied For
 Not Applicable

City & State

Zip Country

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, 2006

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 SC Delete
 NAME SOLIS, MARIE
 STREET ADDRESS 15024 SW 90 ST
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME GALLEGO, NUBIA
 STREET ADDRESS 14920 SW 90 TERR.
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME *Judicial Officer*
 STREET ADDRESS *14920 SW 90 TER*
 CITY-ST-ZIP *MIAMI, FL 33196*

TITLE PD Delete
 NAME BRAVO, MARIA
 STREET ADDRESS 14911 SW 90 TERRACE
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME *President*
 STREET ADDRESS *Maria S. Bravo*
 CITY-ST-ZIP *14911 SW 90th Terr*
MIAMI FL 33196-1463

TITLE D Delete
 NAME GLUCK, JOSEPH
 STREET ADDRESS 14911 SW 91 ST
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME KHANDAKER, ANAM
 STREET ADDRESS 14915 SW 90 AVE.
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME *TROUBLE*
 STREET ADDRESS *ANAM I KHANDAKER*
 CITY-ST-ZIP *14915 SW 90 TER.*
MIAMI FL 33196

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: *Maria S. Bravo* Date *305-385-1410* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR