


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 008 \*\*\*\*61.25

<b>DOCUMENT # 759090</b> 1. Entity Name <b>KENDALL WALK ASSOCIATION, INC.</b>					
Principal Place of Business <b>11981 SW 144 CT STE 201 MIAMI, FL 33186</b>			Mailing Address <b>11981 SW 144 CT SUITE 201 MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2313489</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SKRLD, INC.</b> <b>201 ALHAMBRA CIRCLE</b> <b>SUITE 1102</b> <b>CORAL GABLES, FL 33134</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Carmen M. Guevara</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNEN, GUEVARA</b>		NAME	<b>Carmen M. Guevara</b>	
STREET ADDRESS	<b>14916 SW 88 TERR</b>		STREET ADDRESS	<b>14916 SW 88 TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Nubia Gallego</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVO, NUBIA</b>		NAME	<b>Nubia Gallego</b>	
STREET ADDRESS	<b>14920 SW 90 TERR.</b>		STREET ADDRESS	<b>14920 SW 90 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<b>Maria S. Bravo</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVO, MARIA D</b>		NAME	<b>Maria S. Bravo</b>	
STREET ADDRESS	<b>14911 SW 90 TERRACE</b>		STREET ADDRESS	<b>14911 SW 90 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLUCK, JOSEPH</b>		NAME		
STREET ADDRESS	<b>14911 SW 91 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<b>ANAM I KHANDAKER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHANDAKER, ANAM</b>		NAME	<b>ANAM I KHANDAKER</b>	
STREET ADDRESS	<b>14915 SW 90 AVE.</b>		STREET ADDRESS	<b>14915 SW 90 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: <u>Maria S. Bravo</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/4/2008</b> <small>Date Daytime Phone #</small>		