

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3/7/

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90256 048 \*\*\*\*61.25

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<b>DOCUMENT # 770895</b>			
1. Entity Name KENDALL CROSSINGS COMMERCE CENTER SECTION THREE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C.O.T.G. KENNEDY 2252 - 12284 SW 131 AVENUE MIAMI, FL 33186 US		Mailing Address 7885 SW 108TH ST MIAMI, FL 33186 US	
2. Principal Place of Business 12288 SW 131 AV		3. Mailing Address P.O. Box 831741	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
4. FEI Number 59-2735339		Applied For Not Applicable	
Zip 33186		Country	
Zip 33283		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CMV MANAGEMENT CO 10934 SW 146 PLACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: OCEAN MANAGEMENT INVESTMENT CORP. Street Address (P.O. Box Number is Not Acceptable): 50 EDGAR FONSECA 12350 SW 132 CT #211 City: MIAMI FL Zip Code: 33283	
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: EDUARDO FONSECA (with signature) DATE: 3/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: PD NAME: CRISTOBAL, ELSA STREET ADDRESS: 12288 SW 131 AV. CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: TORMES, FRANK STREET ADDRESS: 12284 SW 131 AV. CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: BRACINELLI, DOROTHY STREET ADDRESS: 12256 SW 131 AV CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CABELLO, ALBERT STREET ADDRESS: 12262 S.W. 131 AVENUE CITY-ST-ZIP: MIAMI, FL 33186	<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)(j), 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: ELSA CRISTOBAL (with signature) DATE: 3/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			