

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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FILED
Mar 31, 2006 8:00 am
Secretary of State

03-15-2006 90117 020 ****61.25

DOCUMENT # 770895

1. Entity Name
KENDALL CROSSINGS COMMERCE CENTER SECTION
THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12288 SW 131 AVF.
MIAMI, FL 33186 < US

Mailing Address
P.O. BOX 831741
MIAMI, FL 33283 US

66007913



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

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

01162006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2735339

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCEAN MANAGEMENT INVESTMENT CORP
12350 SW 132 CT #211
MIAMI, FL 33283

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	PD	<input type="checkbox"/> Delete
NAME	CRISTOBAL, ELSA	
STREET ADDRESS	12288 SW 131 AV.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TORMES, FRANK	
STREET ADDRESS	12284 SW 131 AV.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRACINELLI, DOROTHY	
STREET ADDRESS	12256 SW 131 AV	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABELLO, ALBERT	
STREET ADDRESS	12262 S.W. 131 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Elsa Cristobal, President 3/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #