


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H77646			
1. Entity Name KIMCO OF NORTH MIAMI, INC.			
Principal Place of Business KIMCO REALTY CORP. 3333 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK NY 11042		Mailing Address KIMCO REALTY CORP. 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 11-2761316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

B. 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, MILTON			NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK. NY 11042			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHINDLER, MICHAEL			NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLYNN, MIKE			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARMAK, JOEL I			NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK. NY 11042			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD. 100			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE			NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042			CITY-ST-ZIP			

100000135547
 04/28/04-80065-008 150.00

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 607, 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: _____ **4/24/04** **516-889-9180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #