


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

SC040340

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 11-2761316	
Zip Country		Zip Country		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000351795 05/03/05-80002-001 150.00	
TITLE VP NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020 CITY-ST-ZIP NEW HYDE PK NY 11042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	<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)(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 info empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.</small>				4-29-05 5168699000 <small>Date Daytime Phone #</small>	