2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # H77646

1. Entity Name

KIMCO OF NORTH MIAMI, INC.

Principal Place of Business	Mailing Address
KIMCO REALTY CORP. 3333 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK NY 11042	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

1st MOORE CR2E034 (10/05)

4. FEI Number 11-2761316 Applied For / Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000502348 04/25/06 80101-004 150.00
TITLE VP NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK. NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _____ 3-17-06 516-869-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #