2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90035 024 ***150.00

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132007 Chg-P CR2E034 (12/06)

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, 2007 Fee will be $550.00

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 ☐ Delete NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK., NY 11042		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP ☐ Delete NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK, NY 11042		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P ☐ Delete NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020 CITY-ST-ZIP NEW HYDE PK, NY 11042		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP ☐ Delete NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK., NY 11042		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T ☐ Delete NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD. 100 CITY-ST-ZIP NEW HYDE PK, NY 11042		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S ☐ Delete NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PK, NY 11042		TITLE ☐ Change ☐ 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 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: _____ 4/4/07 5168699000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #