



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 020 \*\*\*150.00

<b>DOCUMENT # K73620</b> 1. Entity Name <b>GENDRON ENTERPRISE, INC.</b>					
Principal Place of Business <b>2127 POLK ST #4</b> <b>HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2127 POLK ST</b> <b>HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>840 N.E. 20th Avenue</b>		3. Mailing Address <b>P.O. Box 4571</b>		<div style="font-size: 24px; font-weight: bold;">400544</div>  <div style="margin-top: 10px;">             02242006    Chg-P    CR2E034 (11/05)         </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33304</b>		Country <b>Broward</b>		4. FEI Number <b>65-0186820</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CLEMENT, GENDRON</b> <b>2127 POLK ST</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name <b>EDWARD LOVELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>840 N.E. 20th Avenue</b> City <b>Fort Lauderdale, FL</b> Zip Code <b>33304</b>	
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 <u><i>Edward Lovell</i></u> DATE <u>3/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENT, GENDRON 2127 POLK ST HOLLYWOOD, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D EDWARD LOVELL 840 N.E. 20th Avenue, Ft. Lauderdale FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENDRON, REAL 184 SHERLEY TIMMENS ONT. P4N 1C1,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENDRON, BRUNO 184 SHERLEY TIMMENS ONT. P4N 1C1,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERLEY TIMMENS ONT. P4N 1C1,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERLEY TIMMENS ONT. P4N 1C1,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERLEY TIMMENS ONT. P4N 1C1,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Edward Lovell</i></u> DATE <u>3/1/06</u> DAYTIME PHONE # <u>954.467.8220</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40032157  
ADORNO & YOSS  
A LIMITED LIABILITY PARTNERSHIP  
350 EAST LAS OLAS BOULEVARD, SUITE 1700  
FORT LAUDERDALE, FLORIDA 33301-4217  
PHONE: (954) 763-1200, FAX: (954) 766-7800  
WWW.ADORNO.COM

ATTACHMENT

#K73620

DANIEL P. WURTENBERGER

DIRECT LINE: (954) 766-7857

EMAIL: [DWURTENBERGER@ADORNO.COM](mailto:DWURTENBERGER@ADORNO.COM)

March 6, 2006

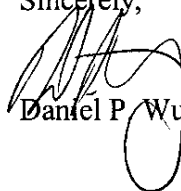
Florida Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**Re: Gendron Enterprise, Inc.**

Dear Sirs:

Enclosed please find the 2006 Annual Report for the above-referenced corporation together with our check in the amount of \$150.00 to cover the renewal fee.

Sincerely,

  
Daniel P. Wurtenberger

DPW/bb

Enclosures

cc: Mr. Edward Lovell