

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L83321

1. Entity Name
KENBOURNE INTERNATIONAL, INC.



Principal Place of Business
**2000 NW 95TH AVE.
MIAMI, FL 33172 US**

Mailing Address
**2000 NW 95TH AVE.
MIAMI, FL 33172 US**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0198388

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS E.
2000 NW 95TH AVENUE
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, CARLOS E.
STREET ADDRESS	10600 SW 17 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	SANCHEZ, VENTURA L.
STREET ADDRESS	GATH Y CHAVES 2441 #301
CITY-ST-ZIP	SANTIAGO, CHILE,
TITLE	VP
NAME	NEIL, GARY
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 102
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	VP
NAME	CROW, JOE
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 102
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-80010-014 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 305-5921559
Date Daytime Phone #