

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # LB3321

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



01202006 No Chg-P CR2E034 (11/05)

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP	MIAMI, FL
TITLE	VD
NAME	SANCHEZ, VENTURA L.
STREET ADDRESS	GATH Y CHAVES 2441 #301
CITY-STATE-ZIP	SANTIAGO, CHILE
TITLE	VP
NAME	NEIL, GARY
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 102
CITY-STATE-ZIP	BRENTWOOD, TN 37027
TITLE	VP
NAME	CROW, JOE
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 102
CITY-STATE-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000410248
02/09/06-80029-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06 305.542.544