


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 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
--	--

DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0198388	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

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

**DO NOT WRITE
IN THIS SPACE**

000000629342
02/16/07-80052-019 158.75

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: _____ **2/7/07** **305-5921599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #