2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M05392

1. Entity Name
KENDALLWOOD INDUSTRIAL PARK, INC.

Principal Place of Business	Mailing Address
275 FONTAINE BLEAU BLVD. SUITE 135 MIAMI, FL 33172 US	275 FONTAINE BLEAU BLVD. SUITE 135 MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE

03062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2452114	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE RAMON
275 FONTAINE BLEAU BLVD
SUITE 135
MIAMI, FL 33172

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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, 2008 Fee will be $550.00

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

U000000933836
05/23/08-80008-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCARAFONI, GALDINO
STREET ADDRESS	2921 S.W. 101ST COURT
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Galdino Scarafoni_   PRESIDENT 4/25/08 (305) 553-8239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
GALDINO SCARAFONI