

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M37215

Entity Name: 504 KENILWORTH CORP.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

10205 COLLINS AVE.  
UNIT 504  
BAL HARBOUR, FL 331541427

## New Principal Place of Business:

## Current Mailing Address:

10205 COLLINS AVE.  
UNIT 504  
BAL HARBOUR, FL 331541427

## New Mailing Address:

FEI Number: 59-2806051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOIHMAN, PESEA  
10205 COLLINS AVE  
UNIT 504  
MIAMI, FL 33154 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GOIHMAN, PESEA  
Address: 10205 COLLINS AVE. #504  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VD ( ) Delete  
Name: HAGAR, SHIRLEY  
Address: 10205 COLLINS AVE. #504  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VD ( ) Delete  
Name: ZIGHELBOIM, RACQUEL  
Address: 10205 COLLINS AVE. #504  
City-St-Zip: BAL HARBOUR, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PESEA GOIHMAN

PSTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date