

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M37215 1. Entity Name 504 KENILWORTH CORP.					
Principal Place of Business 10205 COLLINS AVE. UNIT 504 BAL HARBOUR, FL 33154-1427			Mailing Address 10205 COLLINS AVE. UNIT 504 BAL HARBOUR, FL 33154-1427		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2806051	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOIHMAN, PESEA 10205 COLLINS AVE UNIT 504 MIAMI, FL 33154				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOIHMAN, PESEA 10205 COLLINS AVE. #504 BAL HARBOUR, FL 33154	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGAR, SHIRLEY 10205 COLLINS AVE. #504 BAL HARBOUR, FL 33154	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIGHELBOIM, RACQUEL 10205 COLLINS AVE. #504 BAL HARBOUR, FL	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ Add	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Raquel Zighelboim</i> RAQUEL ZIGHELBOIM			3/22/06 305-9356428		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		