

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90089 015 ***158.75

DOCUMENT # M44161

1. Entity Name
KENDI, INC.



Principal Place of Business
**C/O DECAR MGMT
336 E DANIA BCH BLVD
DANIA, FL 33004 US**

Mailing Address
**C/O DECAR MGMT
336 E DANIA BCH BLVD
DANIA, FL 33004 US**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2771810

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARCIA-VELEZ, CARLOS
336 E DANIA BCH BLVD
DANIA, FL 33004**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MICHA, ALBERTO
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	MICHA, MOISES
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	MICHA, DAVID
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-07 954-927-4885