2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M59930

1. Entity Name
KENDALL SOURCE, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O JOSE R. MACHADO 14024 S.W. 106 TER. MIAMI, FL 33186 Mailing Address

14024 SW 106 TERR. 14024 S.W. 106 TER. MIAMI, FL 33186 US



DO NOT WRITE IN THIS SPACE

02012007	No Cng-P	CRZE	:034 (11	105)
4. FEI Number				Applied For
59-28513	337			Not Applicable
5. Certificate of	Status Desired		\$8.75	Additional guired

6. Name and Address of Current Registered Agent

MACHADO, JOSE R. 14024 S.W. 106TH TER. MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

·			1 Sec. 10 Sec.	THIS SPACE
8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its register	ed office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		50 0 0 0 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, JOSE R. 14024 S.W. 106TH TER. MIAMI, FL 33186			000000620245 02/09/07-80028-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACHADO, CELIA B 14024 S.W. 106TH TER. MIAMI, FL 33186			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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.

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SIGNATURE: Lelia B Machado Como Colo	2-1-0	7.388-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #