

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # M59930

1. Entity Name
KENDALL SOURCE, INC.



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**



01042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2851337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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**

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**

**U00000780103
01/14/08-80009-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MACHADO, JOSE R.**
STREET ADDRESS **14024 S.W. 106TH TER.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VP**
NAME **MACHADO, CELIA B**
STREET ADDRESS **14024 S.W. 106TH TER.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Celia B. Machado 1/7/08 (305) 388-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #