


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90036 044 ****61.25

DOCUMENT # N02000009642					
1. Entity Name KENDALL COMMERCE CENTER ASSOCIATION CORP.					
Principal Place of Business 13200 SW 128 STREET SUITE E-1 MIAMI, FL 33186			Mailing Address OCEAN MANAGEMENT 13200 SW 128 STREET c/o Kendall Commerce Center SUITE E-1 Miami FL 33283 P.O. Box 1741		
2. Principal Place of Business - No P.O. Box # 12355 SW 129 CT #8		3. Mailing Address P.O. Box 1741			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0211630	
Zip 33186		Country Miami-Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: Ocean Management Street Address (P.O. Box Number is Not Acceptable): 10697 SW 76 Tr City: Miami FL Zip Code: 33123		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TOWER, MAXIMILIAN STREET ADDRESS 12355 SW 129 CT, UNIT 7 & 8 CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME GRAGIA, MARCELO STREET ADDRESS 12385 SW 129 CT, UNIT 3 CITY-ST-ZIP MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CARBONEL, ALFREDO STREET ADDRESS 12355 SW 129 CT, UNIT 4 CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME VIDAL, RALPH STREET ADDRESS 8340 SW 91 TERR CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR NAME ALBURY, RAY STREET ADDRESS 10320 NW 12 PLACE CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR NAME BAQUERO, ELIAS STREET ADDRESS 12385 SW 129 CT, UNIT 6 CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					