

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90472 047 \*\*\*\*61.25

60034004



<b>DOCUMENT # N03000010257</b> 1. Entity Name KENDALL CHAMBER OF COMMERCE, INC.					
Principal Place of Business 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US			Mailing Address 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-0600031				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MASSON, DONNA G 6410 SW 80 ST MIAMI, FL 33143				7. Name and Address of New Registered Agent Name del Valle, Karen Street Address (P.O. Box Number is Not Acceptable) 6410 SW 80 Street City So. Miami, FL Zip Code 33143	
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSON, DONNA <input checked="" type="checkbox"/> Delete 6410 SW 80 STREET SOUTH MIAMI, FL 33143				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYONS, PHILIP C <input type="checkbox"/> Delete 9500 S DADELAND BLVD MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLYNN, JUDY <input type="checkbox"/> Delete 7565 SW 141 ST MIAMI, FL 33158				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FORBES, RICARDO <input type="checkbox"/> Delete 8900 N KENDALL DRIVE MIAMI, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLANAGAN, JEFFREY <input checked="" type="checkbox"/> Delete 999 PONCE DELEON BLVD, STE 1000 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President del Valle, Karen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6410 SW 80 Street So. Miami, FL 33143				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Hall, Zac <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8884 SW 129 Terr Miami, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair-Elect Lyons, Phillip C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9500 S. Dadeland Blvd. Miami, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 6/24/06				Daytime Phone # 305 661-1621	