## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008063

FILED Apr 13, 2009 Secretary of State

Entity Name: SOUTH KENDALL SQUARE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12600 S.W. 120TH STREET MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 12600 S.W. 120TH STREET MIAMI, FL 33186 FEI Number: 20-3859529 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLUE COAST, INC. 10871 S.W. 188TH STREET **BAY 26** MIAMI, FL 33157 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRABARKIEWICZ, MIKE Name: Name: 10871 S.W. 188TH STREET, BAY #26 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GUZMAN, ANGIE Name: Address: 10871 S.W. 188TH STREET, BAY #26 Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition RIBADCO, ELIA CAL Name: Name: 10871 S.W. 188TH STREET, BAY #26 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: ( ) Delete Title: Title: () Change () Addition PUIG. RUDY Name: Name: 10871 S.W. 188TH STREET, BAY #26 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ARTILES, JORGE KRAINSON, JAMES Name: Name: 10871 S.W. 188TH STREET, BAY #26 10871 S.W. 188TH STREET, BAY #26 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY PUIG PRES 04/13/2009