

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90255 002 \*\*\*\*61.25

40026850



DOCUMENT # N15827



1. Entity Name  
 KENDALL PARK COMMERCIAL CONDOMINIUM TWO ASSOCIATION, INC.

Principal Place of Business  
 % CMV MANAGEMENT CO.  
 10934 SW 146 PLACE  
 MIAMI, FL 33186

Mailing Address  
 % CMV MANAGEMENT CO.  
 10934 SW 146 PLACE  
 MIAMI, FL 33186

2. Principal Place of Business

12350 SW 132 CT  
 Suite, Apt. #, etc.  
 #211

3. Mailing Address

P.O. Box 831741  
 Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number  
 59-2776859

Applied For  
 Not Applicable

Zip

33283

Country

Zip

33283

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CMV MANAGEMENT CO  
 10934 SW 146 PLACE  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name OCEAN MANAGEMENT INVESTMENT CORP  
 Street Address (P.O. Box Number is Not Acceptable)  
 C/O EDGARDO FONSECA  
 12350 SW 132 CT #211  
 City MIAMI FL Zip Code 33283

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

3/1/05

Filing Fee is \$61:25  
 Due by May 1, 2005

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make check payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEDROSO, GERARDO	
STREET ADDRESS	12225 SW 132ND CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, VIRGINIA	
STREET ADDRESS	12217 SW 132ND CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANOFF, EDWARD	
STREET ADDRESS	13000 SW 120 STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

Date

Daytime Phone #