2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27007

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: KENDA	LL CROSSINGS BUSINESS C	ENTER, IN	IC.		
Current Principal Place of Business:				New Principal Place of Business:		
C/O CMV MANAGEMENT CO 10934 SW 146 PL MIAMI, FL 33186				EDWARD GRANOFF PA 13000 SW 120 ST MIAMI, FL 33186		
Current Mailing Address:				New Mailing Address:		
C/O CMV MANAGEMENT CO 10934 SW 146 PL MIAMI, FL 33186				EDWARD GRANOFF PA 13000 SW 120 ST MIAMI, FL 33186		
FEI Number:	65-0103505	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C M V MANAGEMENT COMPANY KENDALL CROSSINGS BUSINESS CENTER 10934 SW 146 PL MIAMI, FL 33186 US				EDWARD GRANOFF PA KENDALL CROSSINGS BUSINESS CENTER 13000 SW 120 ST MIAMI, FL 33186 US		
	named entity of Florida.	submits this statement for the	purpose o	f changing its registe	ered office or registered agent, or both,	
SIGNATURE: EDWARD GRANOFF PA					04/29/2005	
	Electro	onic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DST (ARROYO, RC 13026 SW 12 MIAMI, FL 33	0 STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (GRANOFF, El 13000 SW 12 MIAMI, FL 33	0 ST.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (FROYO, IVAN 1300 SW 120 MIAMI, FL 33	ST.		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD GRANOFF DP 04/29/2005