

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90062 022 \*\*\*\*61.25



03232004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N33374</b> 1. Entity Name <b>KENDALL PARK COMMERCIAL CONDOMINIUM SIX CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 10934 SW 146TH PLACE MIAMI, FL 33186			Mailing Address 10934 SW 146TH PLACE MIAMI, FL 33186		
2. Principal Place of Business <b>13000 SW 120 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>13000 SW 120 St.</b> Suite, Apt. #, etc.			
City & State <b>Miami FL.</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0248891</b>	
Zip <b>33186</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INTERNATIONAL REAL ESTATE</b> <b>13000 SW 120 STREET</b> <b>MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JAMES 13261 SW 124TH STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas, James <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAMICKA, RUDYARD 13299 SW 124TH STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kamicka, Rudyard <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZABO, LADISLAS 13283 SW 124TH SL MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEWIS, JUDITH 13273 SW 124 ST MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lewis, Judith <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 13000 SW 120 ST MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Perrin, Rose <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRETE, MAURICIO 13289 SW 124 ST MIAMI, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <i>4-15-4</i> Daytime Phone # _____	