

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N35897

**Entity Name:** KENDALL COMMERCE CENTER CONDOMINIUM ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

12201 SW 129TH CT.  
STE 100  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12201 SW 129TH CT.  
STE 100  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 65-0170654      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FONSECA, EFRAIN  
12201 SW 129TH CT.  
STE 100  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete  
Name: FONSECA, BERNICE  
Address: 12201 SW 129TH CT  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: FONSECA, JANETH  
Address: 12201 SW 129TH CT.  
City-St-Zip: MIAMI, FL 33186 US

Title: P ( ) Delete  
Name: FONSECA, EFRAIN  
Address: 12201 SW 129TH CT  
City-St-Zip: MIAMI, FL 33186 US

Title: V ( ) Delete  
Name: LEUMUS, HOWARD  
Address: 12201 SW 129TH CT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EFRAIN FONSECA

P

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date