


**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N45081</b> 1. Entity Name <b>KENDALL NETWORKERS, INC.</b>	
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Principal Place of Business <b>8603 S DIXIE HWY          SUITE 408          MIAMI, FL 33143</b>	Mailing Address <b>8603 S DIXIE HWY          SUITE 408          MIAMI, FL 33143</b>
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DO NOT WRITE IN THIS SPACE



4. FEI Number <b>65-0270071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SIMON, GARY P.  
 9100 S DADELAND BLVD  
 SUITE 504  
 MIAMI, FL 33156**

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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 *M* (Martha Rothaus) 7/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25  
 Due by September 8, 2004

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** may be  
 Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	STEIN, MARVIN
STREET ADDRESS	8603 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	COPENHAGEN, IRA
STREET ADDRESS	15016 SW 148 ST
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VD
NAME	EISENBERG, ALAN
STREET ADDRESS	5900 SW 73 STREET, SUITE 304
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	SANDBERG, MEL
STREET ADDRESS	7400 W. KENDALL DR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	ROTHAUS, MARTHA
STREET ADDRESS	8781 S.W. 65 TERRACE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	BERNSTEIN, HAROLD
STREET ADDRESS	11410 N KENDALL DR STE 207
CITY-ST-ZIP	MIAMI, FL 33178

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 07/19/04-80005-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *M* 7/14/04 305-279-6528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #