


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000001578</b> 1. Entity Name KENDALL OAKS PROFESSIONAL CENTER III CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9095 SW 87 AVE 777 MIAMI, FL 33176 US	Mailing Address 9095 SW 87 AVE 777 MIAMI, FL 33176 US
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01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0552412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PROFESSIONAL MANAGEMENT, INC 9095 SW 987 AVE STE A777 MIAMI, FL 33176
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROMERO, MARIA 13452 SW 21 ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALVO, MANUEL 11140 N KENDALL DR, STE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CERNA-GONZALEZ, ROSA M 11160 N KENDALL DR STE 106 MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80036-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ **PREXOGH** **3/6/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #