


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90397 037 \*\*\*\*61.25

**DOCUMENT # N94000003852**

1. Entity Name  
**THE PALMS AT KENDALL, INC.**



Principal Place of Business  
**8943 SW 113 PLACE**  
**MIAMI, FL 33176 US**

Mailing Address  
**400 SW 107TH AVE**  
**312**  
**MIAMI, FL 33174**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**65-0516337**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~BOAN, ANDY~~  
~~8943 SW 113 PLACE~~  
~~MIAMI, FL 33176~~

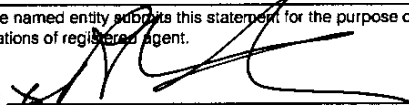
7. Name and Address of New Registered Agent

Name  
**ROLANDO ENCINOSA**

Street Address (P.O. Box Number is Not Acceptable)  
**9146 S.W. 113th Avenue**

City, State, Zip Code  
**Miami FL 33176**

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:  DATE: **4/10/2006**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOAN, ANDY <input checked="" type="checkbox"/> Delete<br>8943 SW 113 PL<br>MIAMI, FL 33176       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SERRANO, RICARDO <input checked="" type="checkbox"/> Delete<br>8881 SW 113 PL<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GRANDA, JOE <input checked="" type="checkbox"/> Delete<br>8922 S.W. 113 AVE<br>MIAMI, FL 33176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>ROLANDO ENCINOSA <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>9146 S.W. 113th Avenue<br>Miami, FL 33176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>ANDY BOAN <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>8943 S.W. 113 Place<br>Miami, FL 33176             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>MARIA ELENA DELGADO <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>11316 S.W. 88 Terrace<br>Miami, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 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 title empowered.

SIGNATURE:  **Rolando Encinosa** 4/10/06 (305) 220-5684  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #