

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004333**

1. Entity Name  
**KENDALL BUSINESS CENTER I CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**%CMV MANAGEMENT CO.  
10934 SW 146 PLACE  
MIAMI, FL 33186**

Mailing Address  
**%CMV MANAGEMENT CO.  
10934 SW 146 PLACE  
MIAMI, FL 33186**



04302004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2005908**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

**VARGAS, CARMEN  
% CMV MANAGEMENT CO.  
10934 SW 146 PLACE  
MIAMI, FL 33186**

**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

*Carmen Vargas*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*4/26/04*

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000152757  
05/04/04-80099-009 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
LIMA, JOSE  
12319 SW 133 COURT  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
VELLANTI, LUCI  
18721 S. DIXIE HWY #308  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GERMAIN, FRANTZ  
12311 SE 133 CT  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jose Lima*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*4/26/04 305-387-6267*

*JOSE Lima, President.*