

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 030 ****61.25

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01102005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business 13201 - 13327 SW 124 St Suite, Apt. #, etc. 12301 - 12327 SW 123 Ct 12201 - 12225 SW 123 Ct City & State Miami, FL Zip 33186		3. Mailing Address 13201 SW 128 Ct Suite, Apt. #, etc. Suite E-1 City & State Miami, FL Zip 33186	
4. FEI Number 59-2005908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Southwest Property Management Comp. Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 St Suite E-1 City Miami	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIMA, JOSE 12319 SW 133 COURT MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLANTI, LUCI 18721 S. DIXIE HWY #308 MIAMI, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAIN, FRANTZ 12311 SE 133 CT MIAMI, FL 33186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	