2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004333

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

Principal Place of Business	Mailing Address
13301-13327 SW 124 ST 12301-12327 SW 133 CT MIAMI, FL 33186	13200 SW 128 ST SUITE E-1 MIAMI, FL 33186

66007912

01162006   Chg-NP   CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address *OCEAN MANAGEMENT*	
Suite, Apt. #, etc.	Suite, Apt. #, etc. *P. O BOX 831741*	
City & State	City & State *MIAMI FL*	4. FEI Number 59-2005908 / Applied For / Not Applicable
Zip	Country	Zip *33283* / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
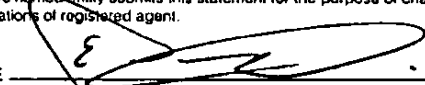
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHEAST PROPERTY MANAGEMENT COMP. 10200 SW 128 CT SUITE E-1 MIAMI, FL 33186	Name *OCEAN MANAGEMENT INVESMENT CORP.* Street Address (P.O. Box Number is Not Acceptable) *12350 SW 132 CT #211* City *Miami* FL Zip Code *33186*

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 _____   *March 1/06*
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
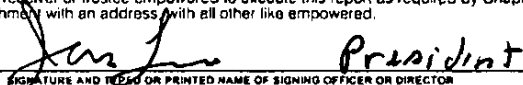
Filing Fee is $61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD NAME LIMA JOSE STREET ADDRESS 12319 SW 133 COURT CITY-ST-ZIP MIAMI FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME VELLANTI, LUCI STREET ADDRESS 18721 S. DIXIE HWY #308 CITY-ST-ZIP MIAMI, FL 33157		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME GERMAIN, FRANTZ STREET ADDRESS 12311 SE 133 CT CITY-ST-ZIP MIAMI, FL 33186		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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: _____ *President*   *March 27/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #