## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175  TITLE NAME GARCIA, AMADO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE STD CORRERA-GAVIRIA, RAUL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD CORRERA-GAVIRIA, RAUL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # N9500001965  1. Entity Name KENDALL OAKS PROFESSIONAL CENTER IV CONDOMINIUM ASSOCIATION, INC.						03-12-2008 90031 009 ****61.25				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O2182008   Chg.NP   CR2E037 (12/08)	9095 SW 87 777	AVENUE	9095 777	SW 87 AVENUE							
City & State  Ci	2. Principal P	flace of Business - No P.O. Box #	3. Maili	ing Address	•						
The Above named entity submits this statement for the purpose of changing its registered Agent	Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.			02182008	Chg-NP	CR2E03	7 (12/06)	
BUSH, ROBERT A 9095 SW 87 AVENUE SUITE 777 MIAMI, FL 33176  8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Day and accept the obligations of registered agent, or both, in the State of Florida Day and accept the obligations of registered agent, or both, in the State of Florida Day and accept the obligations of registered agent, or both, in the State of Florida Day and accept the obligations of registered agent, or both, in the State of Florida Day and accept the obligations of registered agent, or both, in the State of Florida D	City & State		City	City & State				679			
BUSH, ROBERT A 9095 SW 97 AVENUE SUITE 777 MIAMI, FL 33176  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	Zip	Country	Zip		Country		5. Certificate of	Status Desired			
BUSH, ROBERT A 9095 SW 87 7 AVENUE SUITE 777 MIAMI, FL 33176  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  10. OrFicers And Display Bases of Florida Department of State of Florida Department of State and registered agent, or both, in		6. Name and Address of Currer	nt Registere	d Agent			7. Name and A	ddress of New	Registered A	\gent	
Street Address (P.O. Box Number is Not Acceptable)    City	BUSH, RO	BERT A			Name	e					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbura hoad or primal name of registered agent and stell asoldsable.   (NOTE: Registered Agent spirature recursed when reinstatisting)   DATE	9095 SW 8	37 AVENUE SUITE 777			Stree	et Address (	P.O. Box Number	is Not Accepta	ble)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature of registered agent and the applicable.   (POTE Registered Agent biphative required when retristance)   DATE					City			<del></del>	FI	Zip Code	<u> </u>
SIGNATURE    Filing Fee Is \$61.25	A T: .	The state of the s	f 1b		i-tad alfia		rad accept or both	in the State of		iomiliar with	and accord
Filing Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  ITILE NAME MANTILLA, JUAN STREET ADDRESS CITY-ST-2IP MIAMI, FL 33175  TITLE ORRERAGORESS CITY-ST-2IP MIAMI, FL 33176  TITLE STD ORRERAG-GAVIRIA, RAUL STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE OBelde TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE OBEIDE THE OBEIDE TITLE OBEIDE THE OBEIDE THE OBEIDE TITLE OBEIDE THE O	the obligat	ions of registered agent.		***							· 
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRES		Signature, typed or printed name of registered age	ent and title if appl	licable. (NOTE:	Registered Agent sig	gnature required	d when reinstating)		DATE		
MANTILLA, JUAN 3742 SW 133 CT CITY-ST-ZIP MIAMI, FL 33175  TITLE PD GARCIA, AMADO SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE STD CORRERA-GAVIRIA, RAUL SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS SIREET ADDRE		Filing Fee is \$61.25	ant and title if appl	9. Election Camp	paign Financin	g	\$5.00 May Be	FI	Make check		
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TITLE NAME CORRERA-GAVIRIA, RAUL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND I  VD  MANTILLA, JUAN 3742 SW 133 CT		9. Election Camp Trust Fund Co	Daign Financin ontribution.  11. TITLE NAME STREET ADDRES	g	\$5.00 May Be Added to Fees ADDITIONS/CHAN	LAIDA SMEET	Make check orida Depar	RECTORS IN	tate
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12. I hereby certify that the information supplied with this time does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental region 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  VD MANTILLA, JUAN 3742 SW 133 CT MIAMI, FL 33175  PD GARCIA, AMADO 11060 SW 88 ST MIAMI, FL 33176  STD CORRERA-GAVIRIA, RAUL 11050 SW 88 ST #106		9. Election Camp Trust Fund Co	Daign Financin Intribution.  11.  TITLE NAME STREET ADDRE: CITY-ST-ZIP	SS SS SS	\$5.00 May Be Added to Fees ADDITIONS/CHAN	LAIDA SMEET	Make check orida Depar	Change  Change	Addition

12. I hereby certify that the information supplied with this standard and a standard of the composition of the corporation of the receiver or that I am an officer or director of the corporation or the receiver or trastee 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 endorse, with all other like empowered.

SIGNATURE:

EAND, TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/19/08

(305)273-6525