

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 027 ***150.00

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1. Entity Name

M & M KENDALL, INC.



Principal Place of Business

**14500 S.W. 182 AVE.
MIAMI FL 33196**

Mailing Address

**14500 S.W. 182 AVE.
MIAMI FL 33196**

2. Principal Place of Business

3. Mailing Address

7436 Bob O'Link Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. LUCIE FL

Zip

Country

Zip

Country

34986

4. FEI Number

65-0990445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, ROBERTO
4501 SOUTHWEST 102ND PLACE
MIAMI FL 33165**

Name

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GONZALEZ, ARNALDO**
CITY-ST-ZIP **4501 SOUTHWEST 102ND PLACE
MIAMI FL 33165**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUTIERREZ, ROBERTO**
CITY-ST-ZIP **4501 SOUTHWEST 102ND PLACE
MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GONZALEZ, ARNALDO**
STREET ADDRESS **7432 Bob O'Link Way**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☒ Change ☐ Addition
NAME **GUTIERREZ, ROBERTO**
STREET ADDRESS **7436 Bob O'Link Way**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Robert Gutierrez Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 345-0735

Daytime Phone #