


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90070 029 ***150.00

DOCUMENT # P0000025901 1. Entity Name M & M KENDALL, INC.	
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Principal Place of Business 14500 SW 182 AVENUE MIAMI FL 33196	Mailing Address 7436 BOB O'LINK WAY PORT SAINT LUCIE FL 34986
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2. Principal Place of Business - No P.O. Box # 7436 BOB O'LINK way	3. Mailing Address Suite, Apt. #, etc.
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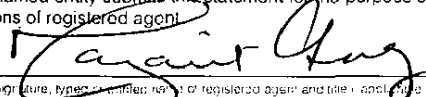
1st MOORE CR2E034 (10/06)

City & State Port St. Lucie, FL	City & State	4. FEI Number 65-0990445	Applied For <input type="checkbox"/> Not Applicable
Zip 34986	Country US	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, ROBERTO 4501 SOUTHWEST 102ND PLACE MIAMI FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7436 BOB O'LINK WAY City Port St. Lucie FL Zip Code 34986
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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:  3/19/07

Signature, typed or printed name of registered agent and title, and date. Not a Registered Agent signature required when re-statuting.

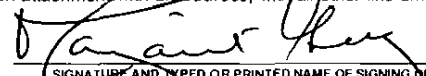
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D GONZALEZ, ARNALDO <input type="checkbox"/> Delete STREET ADDRESS 7432 BOB O'LINK WAY CITY ST ZIP PORT SAINT LUCIE FL 34986
TITLE	D GUTIERREZ, ROBERTO <input type="checkbox"/> Delete STREET ADDRESS 7436 BOB O'LINK WAY CITY ST ZIP PORT SAINT LUCIE FL 34986
TITLE	D,VP GUTIERREZ, MARGARITA <input type="checkbox"/> Delete STREET ADDRESS 7436 BOB O LINK WAY CITY ST ZIP PORT SAINT LUCIE FL 34986
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/19/07 305 345-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #