

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90026 013 \*\*\*150.00

<b>DOCUMENT # P01000062788</b> 1. Entity Name <b>SOUTH KENDALL WAREHOUSES, INC.</b>					
Principal Place of Business <b>4256 SW 73 AVE</b> <b>MIAMI, FL 33155</b>			Mailing Address <b>P.O. BOX 558365</b> <b>MIAMI, FL 33255-8365</b>		
2. Principal Place of Business <b>10740 SW 24 St.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-1124638</b>	
Zip <b>33165</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALONSO, ENRIQUE</b> <b>4256 SW 73 AVENUE</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10740 SW. 24 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</b>		
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: <u><i>Enrique Alonso</i></u> <u><i>Enrique Alonso</i></u> <u><i>4/6/04</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ENRIQUE <del>4256 SW 73 AVENUE</del> MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10740 SW 24 Street Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, GRISEL <del>4256 SW 73 AVENUE</del> MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10740 SW 24 Street Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ELENA <del>4256 SW 73 AVENUE</del> MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10740 SW 24 Street Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u><i>Elena Alonso</i></u> <u><i>Elena Alonso</i></u> <u><i>4/5/04</i></u> <u><i>305-226-4010</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					