
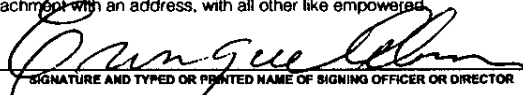


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000062788 1. Entity Name SOUTH KENDALL WAREHOUSES, INC.		
Principal Place of Business 10748 SW 24 ST. MIAMI, FL 33165	Mailing Address P.O. BOX 558365 MIAMI, FL 33255-8365	
6. Name and Address of Current Registered Agent ALONSO, ENRIQUE 10748 SW 24 ST. MIAMI, FL 33165		4. FEI Number 65-1124638
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ALONSO, ENRIQUE	
STREET ADDRESS	10478 SW 24 ST.	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	D	
NAME	ALONSO, GRISEL	
STREET ADDRESS	10748 SE 24 ST.	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	D	
NAME	ALONSO, ELENA	
STREET ADDRESS	10748 SE 24 ST.	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	D	
NAME	ALONSO, ENRIQUE JR	
STREET ADDRESS	10748 SE 24 ST.	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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 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 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: 		1/18/08 305-220-4010 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Enrique Alonso		



01152008 No Chg-P CR2E034 (11/05)

DATE
02/13/08-80072-025 150.00