

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000063736

1. Entity Name  
KENDALL SUMMIT PARK, INC.



Principal Place of Business  
4601 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33146

Mailing Address  
4601 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33146

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-1118313 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, ISSAC  
4601 PONCE DE LEON BLVD  
STE 300  
MIAMI, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FISHER, ISSAC K  
STREET ADDRESS 4601 PONCE DE LEON BLVD #300  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE STD  
NAME BERRIN, ROBERT G  
STREET ADDRESS 4601 PONCE DE LEON BLVD #300  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

U00000077327  
03/05/04-80033-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 (305) 663-6633