

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 041 ***150.00

DOCUMENT # P01000063736 1. Entity Name KENDALL SUMMIT PARK, INC.	
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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
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DO NOT WRITE IN THIS SPACE

02162005 No Chg-P CR2E034 (10/03)

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, ISAAC 4601 PONCE DE LEON BLVD STE 300 MIAMI, FL 33146	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, ISAAC K 4601 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERRIN, ROBERT G 4601 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 prior names empowered.

SIGNATURE: _____ *2/15/05* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #