,2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # P01000063736** 02-23-2005 90061 041 ***150.00 KENDALL SUMMIT PARK, INC. Principal Place of Business Mailing Address TUUMAIUU 4601 PONCE DE LEON BLVD **4601 PONCE DE LEON BLVD** SUITE 300 SUITE 300 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 02162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1118313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, ISAC DO NOT WRITE 4601 PONCE DE LEON BLVD **STE 300** IN THIS SPACE MIAMI, FL 33146 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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FISHER, ISAAC K NAME 4601 PONCE DE LEON BLVD #300 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 BERRIN, ROBERT G NAME STREET ADDRESS 4601 PONCE DE LEON BLVD #300 CITY-ST-ZEP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 empoyered to execute 11 is 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

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

NAMÉ STREET ADDRESS CITY-ST-7IP

SIGNING OFFICER OF DIRECTOR

Davtme Phone #

FILED