

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000085695**

1. Entity Name

LANGENWALTER OF KENDALL, INC.



Principal Place of Business

820 NW 76 TERRACE  
PLANTATION, FL 33324

Mailing Address

P.O. BOX 15153  
PLANTATION, FL 33318



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0419299

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GONZALEZ, ALEJANDRO  
820 NW 76 TERRACE  
PLANTATION, FL 33324

**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

*Alex Gonzalez*

AGENT

3/8/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

STATE OF FLORIDA

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GONZALEZ, ALEJANDRO
STREET ADDRESS	820 NW 76 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	V
NAME	RODRIGUEZ, JULIAN
STREET ADDRESS	820 NORTHWEST 76 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	S
NAME	QUINTERO, TERESA
STREET ADDRESS	820 NORTHWEST 76 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000489844  
04/18/06-80031-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA QUINTERO SECRETARY

3/8/06  
Date

(305) 218-4214  
Daytime Phone #