


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90023 006 \*\*\*550.00

<b>DOCUMENT # P02000087502</b> 1. Entity Name KENSU PARTNERS, INC.	
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Principal Place of Business ONE S.E. 3RD AVENUE SUITE 2400 2950 MIAMI, FL 33131	Mailing Address ONE S.E. 3RD AVENUE SUITE 2400 2950 MIAMI, FL 33131
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40126043



**DO NOT WRITE IN THIS SPACE**

07092007 No Chg-P CR2E034 (11/05)

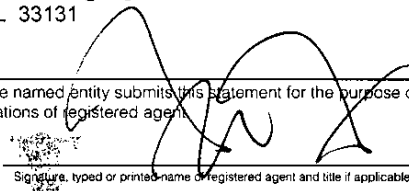
4. FEI Number 30-0113121	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FEUERMAN, JONATHAN ESQ. ONE S.E. 3RD AVENUE SUITE 2400 2950 MIAMI, FL 33131
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**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  7/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. JACOBS, KENNETH 1045 NORTH HATUS ROAD 11410 NW 23 Street PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARBER, SUZAN J 14270 SW 106TH TERRACE 625 VILABELLA AVE MIAMI, FL 33186 Coral Gables FL
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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:  7/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #