

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000106445

1. Entity Name
KENSINGTON GARDENS INVESTMENTS, INC.



Principal Place of Business
20671 NW 26 AVENUE
BOCA RATON, FL 33434

Mailing Address
20671 NW 26 AVENUE
BOCA RATON, FL 33434

FILED
04 JUN 10 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
32-0042432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LISETTE PIE SALAZAR, P.A.
240 CRANDON BOULEVARD
SUITE 266
KEY BISCAYNE, FL 33149

**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 \$550.00
Due by September 8, 2004**

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
D, P
SAIDON, CARLOS
20671 NW 26 AVENUE
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300038426113
06/29/04--01059--018 **150.00

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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

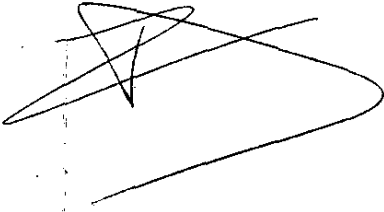
Daytime Phone #

6/8/04 (561) 9292651

To Whom It May Concern:

As per my phone conversation with one of your staff we did not receive any correspondence regarding the annual report. We found out about the filing from our accountant just the other day after the due date. Please accept the following check and completed annual report and abate the additional penalty.

Thank you in advance.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.