
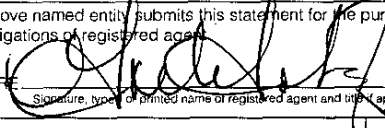
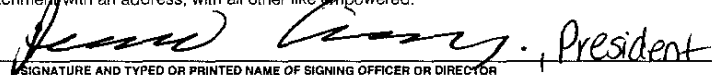


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000081900</b> 1. Entity Name <b>KENDALL REAL ESTATE INVESTMENTS, INC.</b>						<b>FILED</b> <b>04 APR 26 AM 8:48</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2460 SW 137TH AVE., SUITE 238          MIAMI, FL 33175</b>				Mailing Address <b>2450 SW 137TH AVE., SUITE 221          MIAMI, FL 33175</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <del>A&amp;P REGISTERED AGENT, INC.</del> <del>2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>				7. Name and Address of New Registered Agent Name <b>A &amp; A Registered Agent, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2450 SW 137 Avenue</b> <b>Suite 221</b> City <b>Miami</b> FL Zip Code <b>33175</b>			
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  <b>Gretel Rodriguez President 4/1/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>ADRIAN, PEDRO</b> STREET ADDRESS <b>2460 SW 137TH AVE., SUITE 238</b> CITY-ST-ZIP <b>MIAMI, FL 33175</b>				TITLE <b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>VICE PRESIDENT, DIRECTOR</b> STREET ADDRESS <b>OCHOA, CARMEN L.</b> CITY-ST-ZIP <b>2460 SW 137 Avenue, SUITE 238</b> <b>MIAMI, FLORIDA 33175</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>Juan Carlos, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/5/04</b> (305) 221-1515 <small>Daytime Phone #</small>			