

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-07-2006 90041 043 ***158.75

DOCUMENT # P05000022552
 1. Entity Name
KENDALL OFFICE, INC.



Principal Place of Business Mailing Address
 2665 S BAYSHORE DR SUITE 1200 2665 S BAYSHORE DR SUITE 1200
 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apr. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
20-2316235 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

66010131



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent

BERKOWITZ, JEFFREY L
2665 S BAYSHORE DR SUITE 1200
COCONUT GROVE FL 33133

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERKOWITZ, JEFFREY L			NAME			
STREET ADDRESS	2665 S BAYSHORE DR SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ DATE: **4/17/06** DAYTIME PHONE: **305-854-2800**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR