


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90066 022 ***150.00

DOCUMENT # P05000026460 1. Entity Name KENDALL MARKETING, INC					
Principal Place of Business 8668 SW 161 AVENUE MIAMI, FL 33193			Mailing Address 8668 SW 161 AVENUE MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # 15692 SW 72 ST		3. Mailing Address 7105 SW 8 STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 306			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-2400813	
Zip 33193		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33144		Country DADE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORENO, ANDRES 8668 SW 161 AVENUE MIAMI, FL 33193			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15692 SW 72 STREET City MIAMI FL Zip Code 33193		
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 <u><i>Andres Moreno</i></u> 04.27.07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, ANDRES 8668 SW 161 AVENUE MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15692 SW 72 STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENAO, MARIA I 8668 SW 161 AVENUE MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15692 SW 72 STREET MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Maria Isabel Henao</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04.27.07 (305) 2263443 <small>Date Daytime Phone #</small>		

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04302007 Chg-P CR2E034 (12/06)