2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

DOCUMENT # P05000088047 1. Entity Name KENDALL WEST INC.						03-31-2006 90021 024 ***150.00			
Principal Place of Business P.O. BOX 831472 MIAMI, FL 33283		Mailing Address P.O. BOX 831472 MIAMI, FL 33283	P.O. BOX 831472			20023177			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03022006	Chg-P	CR2E034 (11/05)	,	
City & State		City & State	City & State		4. FEI Numbe	,	 	oplied For ot Applicable	
Zip	Country	Zip			5. Certificate of	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Cu	rrent Registered Agent		None	7. Name and	Address of New F	Registered Agent		
LAMCHIC	K, BRUCE ESQ			Name					
9130 S. DADELAND BLVD SUITE 1101				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33156					_				
				City			FL Zip Cod	е	
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 registere	d agent and title if applicable. (N	OTE: Registere	d Agent signature req	uired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10.		AND DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	President	Delete	TITLE	:			Change	☐ Addition	
NAME	Marielena Keu	+ Keyes - VIANS		•					
STREET ADDRESS CITY-ST-ZIP	1.0. 230		1	ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100m, p1	□ Delete	TITLE NAM STRE		••••		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	- 1	1			Change	☐ 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 of 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:

URE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/0/06 (305)598-07
Daytirle Prone #