

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000112081

1. Entity Name
10477 KENDALLWOOD INVESTMENT, INC.



**FILED
Mar 15, 2007 8:00 am
Secretary of State**

03-15-2007 90024 024 ***150.00

Principal Place of Business
10477 SW 108TH AVE, #230
MIAMI, FL 33176

Mailing Address

10477 SW 108TH AVE, #230
MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #
10314 SW 127 CT

3. Mailing Address

10314 SW 127 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country **USA**

Zip **33186**

Country **USA**

4. FEI Number
20-3295017

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIRABAL, MIGUEL F
2828 CORAL WAY
SUITE 450
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name **Mirabal, Miguel F**

Street Address (P.O. Box Number is Not Acceptable)

2828 Coral Way Suite 530

City **Miami, FL**

Zip Code **33145**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DAGACH-IMBARACK, LEYLA 10477 SW 108TH AVE, #230 MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DAGACH - IMBARACK LEYLA 10314 SW 127 CT Miami, FL 33186
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
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
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: *Leyla Dagach-Imbarack* Date: *3/1/07* Daytime Phone # *(786)282-2010*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR