

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90831 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000006999			
1. Entity Name KENDRA ROSENFELD, PA			
Principal Place of Business 8237 XANTHUS LANE WELLINGTON, FL 33414 US		Mailing Address 8237 XANTHUS LANE WELLINGTON, FL 33414 US	
2. Principal Place of Business (No P.O. Box)		3. Mailing Address	
Suite Apt. # etc		Suite Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4136858		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN LEVY BENGIO & GERBER, PL 2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent	
Signature		Signature	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____			
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	
1. NAME P ROSENFELD, KENDRA	☐ Delete	1. NAME ☐ Change ☐ Addition	
2. STREET ADDRESS 8237 XANTHUS LANE		2. STREET ADDRESS	
3. CITY, ST, ZIP WELLINGTON, FL 33414		3. CITY, ST, ZIP	
4. NAME ☐ Delete		4. NAME ☐ Change ☐ Addition	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME ☐ Delete		7. NAME ☐ Change ☐ Addition	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME ☐ Delete		10. NAME ☐ Change ☐ Addition	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
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 empowerment.			
SIGNATURE: <i>Kendra Rosenfeld</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>KENDRA ROSENFELD</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
OWNER, PRESIDENT		561-704-8518	