


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-28-2008 90002 038 ***150.00

DOCUMENT # P06000026891 1. Entity Name KENMELL, INC	
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Principal Place of Business 18925 NW 8TH AVE MIAMI, FL 33169 US	Mailing Address 18925 NW 8TH AVE MIAMI, FL 33169 US
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66004285



DO NOT WRITE IN THIS SPACE

02102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4366983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MELVIN, LAKECHEA 12289 PEMBROKE RD #88 PEMBROKE PINES, FL 33025	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, RACHEL 18925 NW 8TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, KENDRA 18925 NW 8TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, RACHEL 18925 NW 8TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, KENDRA 18925 NW 8TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Rachel Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08
Date

Daytime Phone #