

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000117441-

1. Entity Name
KENMAR PROPERTY HOLDINGS, INC.



Principal Place of Business
1844 N. NOB HILL ROAD
#242
PLANTATION, FL 33322

Mailing Address
1844 N. NOB HILL ROAD
#242
PLANTATION, FL 33322

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

06112008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5517065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINCE A. DONNAHOE IV, P.A.
1333 S. UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324

Name
Prince A. Donnahoe IV, P.A.

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

9710 Stirling Road, Suite 104

City
Cooper City

FL

Zip Code
33024

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

Prince A. Donnahoe IV

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-11-08

DATE

Amended AR is \$61.25

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
PSTD
LEVINSON, KENNETH B
1844 N. NOB HILL ROAD, #242
PLANTATION, FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200131630608
06/24/08--01035--002 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, D
Stitsky, Marshall
1844 N. Nob Hill Road, #242
Plantation, FL 33322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-08

Date

702-858-7724

Daytime Phone #

206/116