

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154567

FILED
Apr 30, 2007
Secretary of State

Entity Name: CITY BED OF KENDALL, INC.

Current Principal Place of Business:

520 N OCEAN BOULEVARD
#11
POMPANO BEACH, FL 33062

Current Mailing Address:

520 N OCEAN BOULEVARD
#11
POMPANO BEACH, FL 33062

New Principal Place of Business:

3229 E ATLANTIC BLVD
2300
POMPANO BEACH, FL 33062

New Mailing Address:

3229 E ATLANTIC BLVD
2300
POMPANO BEACH, FL 33062

FEI Number: 20-8074821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IONA, NANCY
520 N OCEAN BOULEVARD
#11
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

IONA, NANCY
3229 E ATLANTIC BLVD
2300
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: NANCY IONA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IONA, NANCY
Address: 520 N OCEAN BOULEVARD #11
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IONA, NANCY
Address: 3229 E ATLANTIC BLVD #2300
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY IONA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date