

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90008 019 \*\*\*158.75

<b>DOCUMENT # P93000054367</b>					
<b>1. Entity Name</b> KENDALL CARD SERVICES, INC.					
<b>Principal Place of Business</b> 7801 NW 37 ST. #203 MIAMI, FL 33166 US			<b>Mailing Address</b> 8357 W. FLAGLER ST. #133 MIAMI, FL 33144 US		
<b>2. Principal Place of Business</b> 8357 W Flagler st Suite, Apt. #, etc. 133		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> miami Zip 33144		<b>City &amp; State</b> Zip		<b>4. FEI Number</b> 65-0428825	
<b>Country</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GONZALEZ FRANCISCO J 9773 SW 93RD TERR. MIAMI, FL 33176			<b>7. Name and Address of New Registered Agent</b> Name: <u>Isabel L Gonzalez</u> Street Address (P.O. Box Number is Not Acceptable): <u>9773 SW 93 TERR.</u> City: <u>miami</u> FL Zip Code: <u>33176</u>		
<b>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.</b> SIGNATURE: <u>Isabel L Gonzalez</u> <u>1/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, FRANCISCO N 9773 SW 93 TERRACE MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Isabel L Gonzalez 9773 SW 93 TERR miami FL 33176	<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 checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Isabel L Gonzalez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/13/06</u> <u>305 275-7370</u> <small>Date Daytime Phone #</small>		