

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04 2007 08:00 AM
Secretary of State

DOCUMENT # P94000041898

1. Entity Name
BRISTOL OF KENDALL, INC.



Principal Place of Business
**4850 S.W. 72ND AVENUE
MIAMI, FL 33155**

Mailing Address
**4850 S.W. 72ND AVENUE
MIAMI, FL 33155**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0526691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CERVANTES, PATRICIO
4850 SW 72 AVENUE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PD
NAME	CERVANTES, PATRICIO
STREET ADDRESS	4850 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	CERVANTES, MARIA EUGENIA
STREET ADDRESS	4850 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80004-020 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/29/07

Date

305-661-1569

Daytime Phone #