


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000030063</b>	
1. Entity Name KENDALL 150, INC.	

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 1200 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 1200 MIAMI, FL 33133
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0595285	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, JEFFREY L  
2665 SOUTH BAYSHORE DRIVE  
SUITE 1200  
MIAMI, FL 33133

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPT BERKOWITZ, JEFFREY L 2665 S. BAYSHORE DR. #1200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SINGER, DAVID M 2665 S. BAYSHORE DR., #1200 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80075-005 158.75

**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:  \_\_\_\_\_

4/20/07 (305) 854-2800

Date Daytime Phone #