

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90088 029 ***150.00

DOCUMENT # P95000037386

1. Entity Name
KENDALL 157 SUPERSTORE, INC.



Principal Place of Business 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146	Mailing Address 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146
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94029524



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0581482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
 1550 MADRUGA AVENUE STE 230
 CORAL GABLES, FL 33146

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, 2004 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	PD SUCHMAN, LAWRENCE E 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEITMAN, PHILIP 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, PETER A 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, SAUL 1550 MADRUGA AVE. STE 230 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWALD, SCOTT 1320 S. DIXIE HWY STE 781 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter A. Roberts s/t* **PETER A. ROBERTS** **03/10/2004** **305-667-6461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #