

**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

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 ☐

\$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

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, 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 PD
NAME SUCHMAN, LAWRENCE E
STREET ADDRESS 1550 MADRUGA AVENUE STE 230
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE V
NAME LEITMAN, PHILIP
STREET ADDRESS 1550 MADRUGA AVENUE STE 230
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ST
NAME ROBERTS, PETER A
STREET ADDRESS 1550 MADRUGA AVENUE STE 230
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE V
NAME STEIN, SAUL
STREET ADDRESS 1550 MADRUGA AVE. STE 230
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE V
NAME GREENWALD, SCOTT
STREET ADDRESS 1320 S. DIXIE HWY STE 781
CITY-ST-ZIP 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

PETER A. ROBERTS

03/10/2004

305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #