2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P95000037386

Entity Name: KENDALL 157 SUPERSTORE, INC.

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146 FEI Number: 65-0581482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUCHMAN, LAWRENCE E 1550 MADRUGA AVENUE STE 230 CORAL GABLES, FL 33146 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. SIGNATURE:

OFFICERS AND DIRECTORS:

City-St-Zip:

CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: PDS (X) Change () Addition SUCHMAN, LAWRENCE E Name: Name: SUCHMAN, LAWRENCE E 1550 MADRUGA AVENUE STE 230 1550 MADRUGA AVENUE STE 230 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 Title: Title: **EVPD** () Delete (X) Change () Addition LEITMAN, PHILIP Name: LEITMAN, PHILIP Name: 1550 MADRUGA AVENUE STE 230 1550 MADRUGA AVENUE STE 230 Address: Address: CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition ROBERTS, PETER A Name: Name: 1550 MADRUGA AVENUE STE 230 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: (X) Delete Title: () Change () Addition STEIN, SAUL Name: Name: Address: 1550 MADRUGA AVE. STE 230 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: GREENWALD, SCOTT Name: 1320 S. DIXIE HWY STE 781 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LAWRENCE E SUCHMAN P 07/16/2007