



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00
Secretary of State

DOCUMENT # P96000005063 1. Entity Name KIMCO ORLANDO 638, INC.	
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Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK, NY 11042	Mailing Address POST OFFICE BOX 5020 NEW HYDE PARK, NY 11042-0020
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02132007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0667618	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP YARMAK, JOEL I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD, SUITE 100	NAME	U00000750459
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	05/18/07-80063-019 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP SCHINDLER, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD, SUITE 100	NAME	
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CFO PAPPAGALLO, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD	NAME	
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P FLYNN, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD	NAME	
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T COHEN, GLENN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD	NAME	
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S KAUDERER, BRUCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD	NAME	
STREET ADDRESS	NEW HYDE PARK, NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **4/4/07** **516 869 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #