2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000016672

1. Entity Name
KENDALL GROUP INC.

Principal Place of Business	Mailing Address
8672 SW 40 ST STE 203 SUITE 301 MIAMI, FL 33155	8672 SW 40 ST STE 203 SUITE 301 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0678765
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, FRANK
8672 SW 40 ST STE 203
MIAMI, FL 33155

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000116217
04/16/04-80055-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, AMANDA
STREET ADDRESS	8672 SW 40 ST STE 203
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, FRANK
STREET ADDRESS	8672 SW 40 ST STE 203
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Frank Lopez FRANK LOPEZ 4/13/04 305-229-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #