


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90204 019 \*\*\*150.00

<b>DOCUMENT # P98000095993</b> 1. Entity Name <b>KENDALL PANTHER, INC.</b>	
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Principal Place of Business <b>155 S. MIAMI AVE STE PH-2A MIAMI, FL 33130</b>	Mailing Address <b>155 S. MIAMI AVE STE PH-2A MIAMI, FL 33130</b>
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0885449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GRIFFITH, ALLANT 2100 MCGREGOR BLVD FORT MYERS, FL 33901</b> <b>Daniel Sirlin c/o Panther Management Corp. 155 S. Miami Ave, PH 2A Miami FL 33130</b>
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IN THIS SPACE**

8. The above named entity certifies 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  Daniel Sirlin DATE 4/26/04  
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRLIN, DANIEL 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, JEFF 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130
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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:  Jeff Krinsky DATE 4/26/04 DAYTIME PHONE # 305-374-5455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR