2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM

DOCUMENT # P98000095993 1. Entity Name KENDALL PANTHER, INC.					Secretary of State	
Principal Plac 155 S. MIAM STE PH-2A MIAMI, FL 3		Mailing Address 155 S. MIAMI AVE STE PH-2A MIAMI, FL 33130				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No Chg-P	
SIRLIN, DANIEL C/O PANTHER MANAGEMENT CORP. 155 S. MIAMI AVE, PH 2A MIAMI, FL 33130				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						
				.00 May Be ed to Fees	U00000344754	
10. IITLE NAME STREET ADDRESS CITY - ST - ZIP IITLE NAME STREET ADDRESS	D SIRLIN, DANIEL 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130 D KRINSKY, JEFF 155 S. MIAMI AVE -STE PH-2A	RECTORS	2: 22		-04/30/05-80008-022 150.00 	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33130				IOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				-IN TI	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylimo Phone #						