


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90404 038 \*\*\*150.00

<b>DOCUMENT # P98000095993</b>	
1. Entity Name <b>KENDALL PANTHER, INC.</b>	

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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2. Principal Place of Business - No P.O. Box # <b>333 S. Miami Avenue</b>	3. Mailing Address <b>333 A. Miami Avenue</b>
Suite, Apt. #, etc. <b>Suite 150</b>	Suite, Apt. #, etc. <b>Suite 150</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33130</b>	Zip <b>33130</b>
Country <b>USA</b>	Country <b>USA</b>

40000001



03132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0885449</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SIRLIN, DANIEL C/O PANTHER MANAGEMENT CORP. 155 S. MIAMI AVE, PH 2A MIAMI, FL 33130</b>	
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7. Name and Address of New Registered Agent <b>Sirlin, Daniel c/o Panther Management Services LLC 333 S. Miami Avenue Suite 150 Miami, FL 33130</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRLIN, DANIEL 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sirlin, Daniel 333 S. Miami Avenue, Ste. 150 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, JEFF 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krinsky, Jeff 333 S. Miami Avenue, Ste. 150 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **DATE:** 4-20-07 **Daytime Phone #** \_\_\_\_\_