2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL REPURI							Secretary of State				
DOCUMENT # P99000035926							}	Secrei	tary of Sta	te	
1. Entity Name				•	-		\				
WEST KENDALL, INC.				· · · ·			1				
			•					•			
Principal Place of Business				Mailing Address			7				
2627 SW 147TH AVE				2627 SW 147TH AVE					,		
MIAMI, FL 33185			îvî)	MIAMI, FL 33185							
								18 MAR HAN BEN BEN BER	R ESPER PORT AND STREET WEST A		
2. Principal Place of Business			3. N	3. Mailing Address			-				
Cuite- day if are				Suite Ant # ofe			_				
Suite, Apt. #, etc.			"	Suite, Apt. #, etc.			04282006	Chg-P	CR2E034 (11/05)		
City & State				City & State			4. FEI Numb	-	<u></u>	pplied Far	
							65-091	11635		ol Applicable	
Zip		Country	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i p	Con	ילחליי	5. Certificate	e of Status Desired	58.75 Ad		
6. Name and Address of Current			rrent Registe	Registered Agent			7. Name and Address of New Registered Agent				
						Name					
REBAZA, MARIELA 15960 SW 79 TE				- Str			eet Address (P.O. Box Number Is Not Acceptable)				
MIAMI, FL 33193											
,											
}						City			FL Zip Cod	le	
			ent for the pu	rpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of Fic	orlda. I am familiar with,	and accept	
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling) OATE											
En	E MAWAII	FEE IS \$150.0		9. Election Camp			5.00 May Be	}			
After M	ay 1, 200	6 Fee will be \$	50.00	Trust Fund Cor	ıtribution.	. 🔲 Ad	ded to Fees	1			
10.		OFFICERS	AND DIREC	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	DP			☐ Defete	tat	E		Hoosoo	Change	Addition	
NAME	REBAZA, MARIELA ADDRESS 15960 SW 79 TE			NAME STREET ADDRESS			U00000560884				
STREET ADDRESS	MIAMI, FI					I-SI-ZIP		99, 10, 00	00000 017 10	U • UU	
TITLE				₩ Detate	un	E			☐ Change	☐ Addition	
NAME	}			 55	NAM	NE.					
STREET ADDRESS	1				1	EEI ACORESS					
C/TY-ST-ZIP						7-ST-ZIP			☐ Change	☐ Addition	
{ TITLE	ļ			☐ Oelete	TJIL NAN	l l			T. cualha	יימעוומטע נייז	
STREET ADDRESS						EET ADDRESS					
CXTY-ST-ZXP					CiTy	(-SI-ZIP					
TILE				☐ Delete	TITL	,			☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STR	AE EET ADDRESS					
CITY-ST-ZIP	1					1-57-ZIP					
TITLE				☐ Delote	TITE	E			☐ Change	Addition	
HAME	}				NAN	_					
STREET ADDRESS CATY-ST-ZIP	}					EET ADTIRESS /- ST-ZIP					
	}			☐ Delete	Dit				☐ Change	☐ Addition	
NAME				T) Descis	NAM NAM	}			T omingo	المرازان المارية	
STREET ADDRESS	1					EET ADDRESS					
CITY-ST-ZIP						(-ST-ZIP					
12. I hereby indicated	certify that th I on this repo	e information supplie rt or supplemental re	d with this fili port is true ar	ng does not qualify t nd accurate and that	for the ex my signa	emptions contained ture shall have the	ed in Chapter 11 same legal elle	9, Florida Statutes. I ct as if made under d	turther certify that the i path; that I am an officer	ntermation or director	
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.											
1 -1 (1) nv/20/nc											
SIGNAT	SIGNATURE: SIGNATURE AND EXCEPT OF PRINTED NAME OF DIGINING OFFICER OR DIRECTOR DISG. DISG										
1		SIGNAL WITH WAR									