

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 034 \*\*\*158.75

**DOCUMENT # P99000069779**

1. Entity Name

KENDALL VILLAGE, INC.



Principal Place of Business

2665 S BAYSHORE DRIVE STE 1200  
COCONUT GROVE FL 33133

Mailing Address

2665 S BAYSHORE DRIVE STE 1200  
COCONUT GROVE FL 33133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0943966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKOWITZ, JEFFREY L  
2665 S BAYSHORE DRIVE STE 1200  
COCONUT GROVE FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00 -**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

**PRESIDENT** ☐ Delete  
NAME: BERKOWITZ, JEFFREY L  
STREET ADDRESS: 2665 S BAYSHORE DRIVE STE 1200  
CITY- ST- ZIP: COCONUT GROVE FL 33133

**VICE-PRESIDENT** ☐ Delete  
NAME: DAVID M. SINGER  
STREET ADDRESS: 2665 S. Bayshore Drive, Ste 1200  
CITY- ST- ZIP: Coconut Grove Fl 33133

☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

☐ Change ☐ Addition  
NAME:  
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☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JEFFREY L. BERKOWITZ* 3/19/07

Date

(305) 854-2800