

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S31502 1. Entity Name KENDALL LEGAL ASSOCIATES, INC.	
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Principal Place of Business 8900 SW 107 AVE SUITE 206 MIAMI, FL 33176	Mailing Address 8900 SW 107 AVE SUITE 206 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0243406	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL G. BASS, P.A.
8900 SW 107 AVE
SUITE 206
MIAMI, FL 33176

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

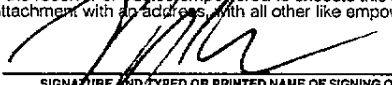
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BASS, MICHAEL G. 8900 SW 107 AVE #206 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KOBIRIN, DAVID A 8900 S.W. 107TH AVE., #206 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/04-80034-006 150.00

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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)(f), 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:  **Michael G. Bass**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/16/04 Daytime Phone #: 305-595-9300