


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G60875**

1. Entity Name  
**P.A.L. RESOURCES, INC.**



Principal Place of Business <b>111 MAJORCA AVE.          B          CORAL GABLES, FL 33134 US</b>	Mailing Address <b>111 MAJORCA AVE.          B          CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**



07292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2157553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARON, RICHARD J.D.  
 11077 BISCAYNE BLVD. STE 307  
 MIAMI, FL 33161**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LEVINE, PAULA PHD 111 MAJORCA AVE #B CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LEVINE, JACK B. 600 SCRAPETREE DR KEY BISCAYNE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BARON, RICHARD 11077 BISCAYNE BLVD MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/12/04-80007-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Paula Levine* **Aug 8/04** **1305-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

448-8325