

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60875

Entity Name: P.A.L. RESOURCES, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

111 MAJORCA AVE.
B
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

111 MAJORCA AVE.
B
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2157553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARON, RICHARD J.D.
501 NE 1ST AVE
#201
MIAMI, FL 33132 US

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.

SIGNATURE: RICHARD BARON JD

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVINE, PAULA PHD
Address: 111 MAJORCA AVE #B
City-St-Zip: CORAL GABLES, FL

Title: STD (X) Delete
Name: LEVINE, JACK B.
Address: 600 SCRAPETREE DR
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: BARON, RICHARD
Address: 11077 BISCAYNE BLVD
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARON, RICHARD
Address: 501 NE 1ST AVENUE #201
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR PAULA A LEVINE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date