



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000099517		
1. Entity Name THE PALM BEACH KINGDOM CORP		

Principal Place of Business 2803 CROWN CT DELRAY BEACH, FL 33445	Mailing Address 2803 CROWN CT DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE

	
04292008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 51-0425680	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

SOUSA, VANILSON C  
 2803 CROWN CT.  
 DELRAY BEACH, FL 33445

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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**  
**After May 1, 2008 Fee will be \$550.00**


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

000000950034  
 06/03/08-80047-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SOUSA, VANILSON C 2803 CROWN CT DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAGINI, PRISCILA LOPES 2803 CROWN CT DELRAY BEACH, FL 33445
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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.

SIGNATURE: X  Priscila GAGINI 04/29/08 561-674-2839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #