

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 002 ***150.00

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DOCUMENT # P02000099517

1. Entity Name
THE PALM BEACH KINGDOM CORP



Principal Place of Business
**11211 S MILITARY TRAIL, #4922
BOYNTON BEACH FL 33436**

Mailing Address
**11211 S MILITARY TRAIL, #4922
BOYNTON BEACH FL 33436**

2. Principal Place of Business
2803 CROWN CT

3. Mailing Address
2803 CROWN CT

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33445

Country
USA

Zip
33445

Country
USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAGINI, PRISCILA LOPES
11211 S MILITARY TRAIL, #4922
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name
GAGINI, PRISCILA LOPES

Street Address (P.O. Box Number is Not Acceptable)
2803 CROWN CT

City
DELRAY BEACH, FL Zip Code
33445

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 *Priscila Lopes Gagini* **PRISCILA LOPES GAGINI** DATE **April 20th, 2003**

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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SOUSA, VANILSON C 11211 S MILITARY TRAIL, #4922 BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PSD SOUSA, VANILSON C 2803 CROWN CT DELRAY BEACH, FL 33445
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAGINI, PRISCILA LOPES 11211 S MILITARY TRAIL, #4922 BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PTD GAGINI, PRISCILA LOPES 2803 CROWN CT DELRAY BEACH, FL 33445
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Priscila Lopes Gagini* **SIGNATURE REQUIRED** **ORGA** (561) 278-4524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)