

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124055

FILED
May 14, 2009
Secretary of State

Entity Name: PALACE COVE PROPERTIES, INC.

Current Principal Place of Business:

2400 A WEST 8TH LN
HIALEAH, FL 33010 US

New Principal Place of Business:

12717 WEST SUNRISE BLVD
388
SUNRISE, FL 33351 US

Current Mailing Address:

12717 WEST SUNRISE BOULEVARD
388
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 14-1863017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDARRAGA, LUZ
5412 NW 94TH TERRACE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

OSCAR, GARCIA
10775 NW 70TH STREET
DORAL, FL 333178 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: OSCAR GARCIA 05/14/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONTOYA, CLAUDIA
Address: 12717 WEST SUNRISE BOULEVARD #388
City-St-Zip: SUNRISE, FL 33323 US

Title: VP (X) Delete
Name: GARCIA, OSCAR
Address: 12717 WEST SUNRISE BOULEVARD #388
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, OSCAR
Address: 12717 WEST SUNRISE BOULEVARD #388
City-St-Zip: SUNRISE, FL 33323 US

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

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: OSCAR GARCIA PD 05/14/2009

Electronic Signature of Signing Officer or Director Date