## 2007 FOR PROFIT CORPORATION

## May 02, 2007 8:00 am Secretary of State ANNUAL REPORT 05-02-2007 90061 044 \*\*\*150.00 DOCUMENT # P05000033619 1. Entity Name PALM BEACH BROKERS GROUP INC. 40098881 Principal Place of Business Mailing Address 101 BRADLEY PLACE 101 BRADLEY PLACE 203 203 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) 4. FEI Number 20-51864-04-City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIACOMELLI, FRANCIS C Street Address (P.O. Box Number is Not Acceptable) 101 BRADLEY PLACE 203 -PALM BEACH, FL 33480 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition GIACOMELLI, FRANCIS C NAME NAME STREET ADDRESS 101 BRADLEY PLACE #203 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fental 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 refusee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. I hereby certify that the information indicated on this report or supplet of the corporation or th

SIGNATURE

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**FILED** 

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Division of Corporations



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