

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 006 ***150.00

DOCUMENT # P06000004801

1. Entity Name
T. PALACE 5406, INC.



Principal Place of Business
2315 NW 107TH AVENUE
SUITE 1M13
MIAMI, FL 33172

Mailing Address
2315 NW 107TH AVENUE
SUITE 1M13
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-P

CR2E034 (12/06)

4. FCI Number

20-4101615

App. 33 for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALAS, PERLA SOLE
15450 NEW BARN ROAD
SUITE 302
MIAMI LAKES, FL 33014

Name

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

City

FL

Zip Code

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, by one of printed name of registered agent and then I appropriate

(No FCI - Registered Agent signature and then, not applicable)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PTD
CONTRERAS, HENRY
2315 NW 107TH AVENUE, SUITE 1M13
MIAMI, FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VSD
CONTRERAS, CARMEN
2315 NW 107TH AVENUE, SUITE 1M13
MIAMI, FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

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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 supporting 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0226.07

Date

786-845-9561

Customer number EXT 202.