


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000060903

1. Entity Name
PALM TOWERS SOUTH, INC.



Principal Place of Business Mailing Address

**1351 SAWGRASS CORPORATE PKWY
 SUNRISE, FL 33323** **1351 SAWGRASS CORPORATE PKWY
 SUNRISE, FL 33323**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0604209 Not Applicable

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

6. Name and Address of Current Registered Agent

**NUDELMAN, JOSEPH
 1351 SAWGRASS CORPORATE PKWY
 SUNRISE, FL 33313**

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUDELMAN, JOSEPH 1351 SAWGRASS CORP PKWY SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NUDELMAN, NORMA 1351 SAWGRASS CORP PKWY SUNRISE, FL 33313
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 01/19/07-80005-025 150.00

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:  **NORMA NUDELMAN** - 01/15/07 - 934 835-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #