


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P95000060903 1. Entity Name PALM TOWERS SOUTH, INC.	
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Principal Place of Business 1351 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	Mailing Address 1351 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0604209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NUDELMAN, JOSEPH  
 1351 SAWGRASS CORPORATE PKWY  
 SUNRISE, FL 33313

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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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U00000785208  
 01/16/08-80086-016-150.00

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: Joseph Nuodelman 01/10/2008 954-835-2212  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPH NUDELMAN - PRESIDENT Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_