


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 040 ***150.00

DOCUMENT # S29082
 1. Entity Name
THE PALMS SOUTH BEACH, INC.



Principal Place of Business
 3025 COLLINS AVE
 MIAMI BEACH FL 33140
 US

Mailing Address
 % MILLER & WEBNER
 P.O. BOX 266947
 WESTON FL 33326-6947
 US



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0245113**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, REBECCA M
2442 POINCIANA COURT
WESTON FL 33327

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, HANS JOACHIM 3025 COLLINS AVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, URSULA MARIA 3025 COLLINS AVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Hans-Joachim Krause 3025 Collins Avenue Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ursula Maria Krause 3025 Collins Avenue Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/V/S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicola Meyer 3025 Collins Avenue Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katja Janzon 3025 Collins Avenue Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kent Janzon 3025 Collins Avenue Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Hans-Joachim Krause** (954)385-9030

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #