


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90001 045 ***150.00

DOCUMENT # P01000022053	
1. Entity Name N.L. PALACE CORP.	

Principal Place of Business 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146
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54057406



2. Principal Place of Business 1500 San Remo Ave Suite, Apt. #, etc. Suite 103 City & State Coral Gables FL. Zip 33146	3. Mailing Address 1500 San Remo Ave Suite, Apt. #, etc. Suite 103 City & State Coral Gables FL. Zip 33146
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06112004 Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARED & ASSOCIATES, P.A. 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146	
7. Name and Address of New Registered Agent Name: Bared & Assoc PA- Street Address (P.O. Box Number, if Not Acceptable): 1500 San Remo Ave Suite 177 City: Coral Gables FL Zip: 33146	

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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ LAPENTI, NICOLAS 1500 SAN REMO AVENUE SUITE C-2306 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ DE LAPENTI, MARIA CECILIA 1500 SAN REMO AVENUE SUITE C-2306 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: N. Lapentti D. 6/8/04 305 666 6010

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

Attachment
Doc. # 01000022053
54057406

BARED & ASSOCIATES, P.A
ATTORNEYS AND COUNSELORS AT LAW

1500 SAN REMO AVENUE
SUITE 103
CORAL GABLES, FL 33146
TELEPHONE- (305) 666-6010—FAX (305) 666-2831
BARED@BAREDLAW.COM

June 11, 2004

Division of Corporation
Corporate Filing
P.O. Box 6327
Tallahassee, Florida 32314

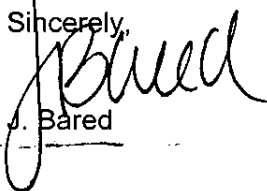
Re: Scarlet Boating Corp.
Our File No. 01-602

To whom it may concern:

Attached please find 2004 Uniform Business Report for the above captioned corporation. Please note that our law firm has had a change of address and do to this we did not receive the annual fee from our client on time to pay the state. We have done a change of address on the form please accept the \$150.00 filing fee.

Thank you in advance for your attention regarding this matter. If you should have any further question please contact our office.

Sincerely,


J. Bared

/jb