2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 22, 2004 8:00 am **Secretary of State** 07-22-2004 90004 020 ***150.00 DOCUMENT # S36457 THE PALMS ON LAS OLAS, INC. Principal Place of Business Mailing Address 54064381 3621 NW 5TH AVENUE 3621 NW 5TH AVENUE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 07162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0253780 Not Applicable -\$8.75 Additional 5. Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent TRACE, MICHAEL DO NOT WRITE 3621 NW 5TH AVENUE FORT LAUDERDALE, FL 33309 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 reinstation) Signature, when or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME TRACE, MICHAEL 3621 NW 5TH AVENUE STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 truster ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental of the corporation or the receiver or truste changed, or on an attachment with an ad er like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Attachmak

July 14, 2004

Florida Department of State Division of Corporations

Re: The Palms on Las Olas, Inc. \$36457

I recently received a notice from the Division of Corporation Online that corporation was being administratively dissolved for not filing the annual report. I did not receive the original notice. This letter is to request reinstatement of the above named corporation. A check in the amount of \$ 150.00 is enclosed. I also request that all penalties be waived as the original UBR forms were never received. Your help in this matter is greatly appreciated.

If you have any further questions, please call my Certified Public Accountant and ask to speak to Cindy Hodges. Their number is 954-561-8959.

Michael Trace

Thank You,

President