

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726688

FILED
Feb 25, 2008
Secretary of State

Entity Name: PALM-EAST GARDENS INC.

Current Principal Place of Business:

1850 W 56 ST
AT OFFICE
HIALEAH, FL 330127363 US

New Principal Place of Business:

Current Mailing Address:

1850 W 56 ST
AT OFFICE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-1504883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, SILVIA
Address: 1810 W 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: RUIZ, GEORGINA
Address: 1810 W. 56 ST
City-St-Zip: HIALEAH, FL

Title: SD () Delete
Name: RUIZ, BERNARDO
Address: 1850 W. 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: CANALS, MARIA
Address: 1850 W. 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: BARCELO, ANTONIA
Address: 1850 W. 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SUTTON, CARMEN
Address: 1850 W. 56 ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, SILVIA
Address: 1850 W 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Change () Addition
Name: RUIZ, GEORGINA
Address: 1850 W. 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA GONZALEZ

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date