

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90022 015 ***150.00

DOCUMENT # P02000025838

1. Entity Name
1500 PALM AVE., INC.



Principal Place of Business
11650 SW 152 ST
MIAMI, FL 33133

Mailing Address
3191 CORAL WAY
SUITE #1008
MIAMI, FL 33145

60043586



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0631485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONE, DAVID ESQ
3191 CORAL WAY #1008
MIAMI, FL 33145

**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

Signature, typed or printed name of registered agent and title if applicable

(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 P
NAME STONE, DAVID ESQ
STREET ADDRESS 3191 CORAL WAY #1008
CITY - ST - ZIP MIAMI, FL 33145

TITLE TS
NAME SOSTCHIN, HENRIETTA
STREET ADDRESS 3191 CORAL WAY, #1008
CITY - ST - ZIP MIAMI, FL 33145

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 305-476-7787