

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726688

Entity Name: PALM-EAST GARDENS INC.

Current Principal Place of Business:

1850 W 56 ST
AT OFFICE
HIALEAH, FL 33012-7363

Current Mailing Address:

1850 W 56 ST
AT OFFICE
HIALEAH, FL 33012 US

FEI Number: 59-1504883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORELL, ALEXANDER
319 CLEMATIS STREET
712
WEST PALM BEACH, FL 33401 US

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: ALEXANDER BORELL

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GUZMAN, MAIQUEL
Address 1850 W 56 ST
 OFFICE
City-State-Zip: HIALEAH FL 33012

Title SECRETARY
Name NASSAR, ALFREDO
Address 1850 W. 56 ST
 OFFICE
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name FERNANDEZ, FERNANDO
Address 1850 W. 56 ST
 OFFICE
City-State-Zip: HIALEAH FL 33012

Title TREASURER
Name HARMANT, MANUEL
Address 180 W 56 STREET
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name ALVAREZ, PEDRO
Address 1850 W 56 STREET
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name HUERGO, MAYRA
Address 1850 W 56 ST
 AT OFFICE
City-State-Zip: HIALEAH FL 33012-7363

Title DIRECTOR
Name CABRERA, ANGEL
Address 1850 W 56 ST
 AT OFFICE
City-State-Zip: HIALEAH FL 33012-7363

Title DIRECTOR
Name GONZALEZ, SILVIA
Address 1850 W 56 ST
 AT OFFICE
City-State-Zip: HIALEAH FL 33012-7363

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: MAIQUEL GUZMAN

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PARAMO, LAURA
Address 1850 W 56 ST
 AT OFFICE
City-State-Zip: HIALEAH FL 33012-7363