

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47865

**Entity Name:** PALMTRAIL, INC.**Current Principal Place of Business:**7100 SW 75TH AVE.  
MIAMI, FL 33143**Current Mailing Address:**7100 SW 75TH AVE.  
MIAMI, FL 33143 US**FEI Number:** 65-0324017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONOSO, MARIA BEATRIZ  
7100 SW 75TH AVE.  
MIAMI, FL 33143 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title D  
Name SEGARRA, HORTENSIA  
Address 243 LEXINGTON AVE.  
City-State-Zip: NEW YORK NY 10016

Title VP  
Name BIDDERSWORTH, DIANE B  
Address 7100 SW 75TH AVENUE  
City-State-Zip: MIAMI FL 33143

Title CFO  
Name DONOSO, MARIA BEATRIZ  
Address 7100 SW 75TH AVE.  
City-State-Zip: MIAMI FL 33143

Title CEO  
Name NONNENMACHER, JEANNE  
Address 7100 SW 75TH AVE.  
City-State-Zip: MIAMI FL 33143

Title CLERK  
Name GORTAZAR, INES  
Address 7100 SW 75TH AVE.  
City-State-Zip: MIAMI FL 33143

Title CLERK  
Name SPELLMAN, JEANNE  
Address 7100 SW 75TH AVE.  
City-State-Zip: MIAMI FL 33143

Title S  
Name VARELA, MARIA ANTONIETA  
Address 243 LEXINGTON AVE.  
City-State-Zip: NEW YORK NY 10016

Title P  
Name RAMIREZ, ANNA TERESA  
Address 350 S MIAMI AVENUE  
APT 3913  
City-State-Zip: MIAMI FL 33130

**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:** MARIA BEATRIZ DONOSO**CFO****03/12/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	T
Name	KEIF, ROSARIO M
Address	600 ALLENDALE ROAD
City-State-Zip:	KEY BISCAYNE FL 33149