

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90171 036 ***150.00

DOCUMENT # 305733 1. Entity Name PALM BEACH DEVELOPMENT & SALES CORP	
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Principal Place of Business 2601 BISCAYNE BLVD P.O. BOX 370308 MIAMI, FL 33137	Mailing Address 2601 BISCAYNE BLVD P.O. BOX 370308 MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE

66019395



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1143928	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTONIO
2601 BISCAYNE BLVD.
MIAMI, FL 33137**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLDSTEIN, MICHELLE 2601 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, ROGER 2601 BISCAYNE BLVD MIAMI, FL
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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, that of other like empowered.

SIGNATURE:  **6/2/06 305 576-6332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #