


**• 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 376878 1. Entity Name PALM BEACH REAL ESTATE, INC.	
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Principal Place of Business 231 SUNRISE AVE. C8 PALM BEACH, FL 33480	Mailing Address P.O. BOX 1086 PALM BCH., FL 33480
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DO NOT WRITE IN THIS SPACE

FILED
05 FEB 21 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1714705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMALL, SUZETTA
150 BRADLEY PLACE
PALM BEACH, FL 33480

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, SUZETTA 150 BRADLEY PLACE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMALL, PHYLLIS H 150 BRADLEY PLACE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARL, TARA E 150 BRADLEY PLACE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600047254326
02/25/05--01003--001 **400.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/14/05 Daytime Phone # 581-873-0238