

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 514860

Entity Name: GOLD PALM GROVE, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

PO BOX 524136
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-1895784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREED, OWEN S.
150 W. FLAGLER ST.
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREED, OWEN S
Address: 150 W. FLAGLER ST
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: FRANCO, BIOCCHI,
Address: 8290 NW 66TH ST.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: FREED, OWEN S.,
Address: 8290 NW 66TH ST.
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: CURATOLO, VALERIA M.,
Address: 8390 NW 66TH ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FREED, OWEN S
Address: 150 W. FLAGLER ST
City-St-Zip: MIAMI, FL

Title: VP (X) Change () Addition
Name: BIOCCHI RASTELLI, FR, ANCO
Address: 8290 NW 66TH ST.
City-St-Zip: MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA M. CURATOLO

T

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date