


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 533651	
1. Entity Name PALACIO DEL SOL, INC.	

Principal Place of Business 5-A, 1500 PARK BEACH CIRCLE PUNTA GORDA, FL 33950 US	Mailing Address 776 THORNWICK DR PITTSBURGH, PA 15243 US
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DO NOT WRITE IN THIS SPACE



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1332215	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	
WARE, MARTIN L 7351 KINGHURST DR BOX 204 DELRAY BEACH, FL 33446	

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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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U00000076736
 03/05/04-80014-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MCCREADY, WILLIAM B, JR 776 THORNWICK DR PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCCREADY, JAMES 311 CANTEBURY DR. PITTSBURGH, PA
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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)(f), 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: William B. McCready Jr **WILLIAM B. MCCREADY JR** 2-28-04 412-400-8125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #