


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 617103</b> 1. Entity Name <b>PALM TREE, INC.</b>	
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Principal Place of Business <b>INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304</b>
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04122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1994241</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>INGLIS, RICHARD K., ESQ. 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304</b>
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**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 reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAHLMAN, FRITZ 2455 E. SUNRISE BL, #320 FT. LAUDERDALE, FL</b>
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04/15/04-80010-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Fritz Mahlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 954-565-1977  
Date Daytime Phone #