


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90015 033 ***150.00

DOCUMENT #617103	
1. Entity Name PALM TREE, INC.	

Principal Place of Business INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304	Mailing Address INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304
--	--

2. Principal Place of Business - No P.O. Box # 3101 N. Federal Highway	3. Mailing Address 3101 N. Federal Highway
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33306	Country USA
Zip 33306	Country USA



02252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INGLIS, RICHARD K., ESQ. 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304		Name Richard K. Inglis, Esquire Street Address (P.O. Bgx Number is Not Acceptable) 3101 N. Federal Highway Suite 301 City Fort Lauderdale FL Zip Code 33306	

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 *Richard K. Inglis* DATE 3/12/08

Signature, typed or printed name of registered agent, and use if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHLMAN, FRITZ		NAME Mahlman, Fritz	
STREET ADDRESS 2455 E. SUNRISE BL, #320		STREET ADDRESS 3101 N. Federal Highway, #301	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304		CITY-ST-ZIP Fort Laud., FL 33306	
TITLE VSD	<input type="checkbox"/> Delete	TITLE VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORTEQUERA, JULIA MAHLMAN		NAME Cortequera, Julia Mahlman	
STREET ADDRESS 2455 E. SUNRISE BLVD., 320		STREET ADDRESS 3101 N. Federal Highway, #301	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304		CITY-ST-ZIP Fort Laud., FL 33306	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, with all other live empowered.

SIGNATURE: *Fritz* *Julia* DATE 3/12/08 Daytime Phone # 954 566-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR