

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697861

FILED
Apr 21, 2009
Secretary of State

Entity Name: MIAMI PALM RESTAURANT, INC.

Current Principal Place of Business:

9650 E. BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

Current Mailing Address:

1730 RHODE ISLAND AVE NW
SUITE 900
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 59-2140764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP () Delete
Name: BOZZI, BRUCE
Address: 2161 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DV () Delete
Name: LONGO, JAMES A
Address: 410 S WEST
City-St-Zip: FALLS CHURCH, VA 22046

Title: AS () Delete
Name: GANZI, VICTOR F
Address: 959 8TH AVE 2ND FL
City-St-Zip: NEW YORK, NY 10019

Title: SDT () Delete
Name: GANZI, WALTER J JR
Address: 8171 BAY COLONY DRIVE #1902
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES A. LONGO

DV

04/21/2009

Electronic Signature of Signing Officer or Director

Date