2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 728625

Entity Name: THE PALMS OF KEY BISCAYNE-A CONDOMINIUM, INC.

Current Principal Place of Business:

77 CRANDON BLVD
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1512753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RESEARCH MGMT CORP
901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LARRAURI, JORGE	
Address:	77 CRANON BLVD #9B	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	T	( ) Delete
Name:	MARMOL, LAURA	
Address:	77 CRANDON BLVD, #8D	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	VP	( ) Delete
Name:	DELAGUARDIA, RUDOLPHO	
Address:	77 CRANDON BLVD, 4A	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	S	( ) Delete
Name:	GARIBOLDI, GERARDO	
Address:	77 CRANDON BLVD, #9A	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	D	( ) Delete
Name:	SANCHEZ, ADRIANA	
Address:	77 CRANDON BLVD #2A	
City-St-Zip:	KEY BISCAYNE, FL 33149	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE LARRAURI P 05/01/2007

Electronic Signature of Signing Officer or Director — Date