


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90075 011 \*\*\*150.00

DOCUMENT # 836663		
1. Entity Name PALM PLAZA INVESTMENTS, INC.		

Principal Place of Business 155 E. PALMETTO PARK RD. BOCA RATON, FL 33432	Mailing Address P.O. BOX A-600 BOCA RATON, FL 33429
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**44025440**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

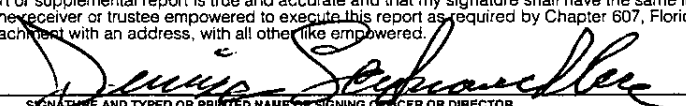
04022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
DANCE, ESTHER B. 863 BUTTONWOOD DR. BOCA RATON, FL. ED, FL 33432	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D SCHMEICHLER, DENNIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AV ALFREDO JAHN ENTRE 4 Y 5 TRANSV QTA ATL	NAME	Amicorp Curacao N.V.
STREET ADDRESS	CARACAS, VE	STREET ADDRESS	Attn: Mr. Luis Eduardo González
CITY-ST-ZIP		CITY-ST-ZIP	Pareraweg 45
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete	TITLE	Curacao, Netherlands Antilles <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FIDES, N.V.</del>	NAME	Telephone: 599-9-4343500
STREET ADDRESS	<del>HANDELOKADE 24</del>	STREET ADDRESS	Fax: 599-9-4343533
CITY-ST-ZIP	<del>CURACAO, NETHERLANDS</del>	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 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: 	4-20-04 561-750-7475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #