

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006158

Entity Name: PALM MILE NMM CORP.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

C/O PHILIPS INT'L - 295 MADISON AVE
2ND FLOOR
NEW YORK, NY 10017

Current Mailing Address:

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

New Mailing Address:

C/O PHILIPS INT'L - 295 MADISON AVE
2ND FLOOR
NEW YORK, NY 10017

FEI Number: 20-4462521

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 32301 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: CD () Delete
Name: PILEVSKY, PHILIP
Address: 295 MADISON AVE., 2ND FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: PILEVSKY, PHILIP
Address: C/O PHILIPS INT'L - 295 MADISON AVE - 2FL
City-St-Zip: NEW YORK, NY 10017

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: PHILIP PILEVSKY

CD

04/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date