2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F05000002688 1. Entity Name



FILED

COCÓNL	JT PALM ACQUISITION CO								
595 SOUTH FEDERAL HIGHWAY, SUITE 600 59		Mailing Address 595 SOUTH FEDERAL HIGH BOCA RATON, FL 33432	595 SOUTH FEDERAL HIGHWAY, SUITE 600		50021813				
Suite Apt. Suite Apt. City & State Coco. Zip	Raton, FL Country		on, FL Country	07052 4. FEI N 20-		CR2EC	034 (11/05)	pplied For ot Applicable	
<u> </u>	6. Name and Address of Current F	ろろける2 P Registered Agent	olm Beac	<u>:h</u>	e and Address of		Fee Require	ed	
515 E. PA	L CORPORATE RESEARCH, L RK AVE. SSEE, FL 32301	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		gistered Agent signature	required when reinstat	ing)	DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006 OFFICERS AND D	Trust Fund Contribu	• –	\$5.00 May I Added to Fees	corporation	ance with s. 607 on did not receiv	e the prior	notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROCHON, RICHARD C 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	C Delete	TITLE NAME		ederal t		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RUZIKA, STEPHEN J 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	□ Delete 7, SUITE 600	TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 O. F	ederal l	twy, Su	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUFF, JACK I 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	☐ Delote	NAME SIREET ADDRESS CITY-ST-ZIP	595 8.	Federal	Hwy, S	☑ Change	☐ Addition る	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD FERRARI, MARIO B 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	☐ Delete ⁄, SUITE 600	NAME STREET ADDRESS CHY-ST-ZIP	5 95 0. 1	Federal	ttwy, 5	© Change +e	□ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	V FARENHEM, ROBERT C 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	595 S.	Federal	Hwy, 5	☑ Change witz	□ Addition	
NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my s	ignature shall hav	e the same lega	I effect as if made	under oath; that I :	am an office	r or director	

of the corporation or the receiver or trusteer empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-955-7300

Daytime Phone #

Date