

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G60875**

1. Entity Name  
**P.A.L. RESOURCES, INC.**



Principal Place of Business

**111 MAJORCA AVE.  
B  
CORAL GABLES, FL 33134 US**

Mailing Address

**111 MAJORCA AVE.  
B  
CORAL GABLES, FL 33134 US**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2157553** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARON, RICHARD J.D.  
11077 BISCAYNE BLVD. STE 307  
MIAMI, FL 33161**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVINE, PAULA PHD
STREET ADDRESS	111 MAJORCA AVE #B
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	STD
NAME	LEVINE, JACK B.
STREET ADDRESS	600 SCRAPETREE DR
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	D
NAME	BARON, RICHARD
STREET ADDRESS	11077 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000516965  
05/01/06-80026-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAULA LEVINE**

✓ **April 15/06** ✓ **305-275-42**

Date

Daytime Phone #