


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 A
Secretary of State

DOCUMENT # J05513 1. Entity Name REALCO OF PALM BEACH, INC.	
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Principal Place of Business 516 MUIRFIELD DR. LAKE WORTH, FL 33462	Mailing Address 516 MUIRFIELD DR. LAKE WORTH, FL 33462
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03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2666037	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GATES, R.C. 516 MUIRFIELD DR. LAKE WORTH, FL 33462
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**DO NOT WRITE
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 *R.C. GATES* *R.C. Gates* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, ELENA EDIFICIO RHODAS CALVAS 10 Y 26 PUNTA DEL ESTE, URUGUAY, SA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/29/07-80029-021 150.00

**DO NOT WRITE
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: *R.C. Gates* *R.C. GATES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____