

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J77686 1. Entity Name THE PINK PALM, III, INC.	
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Principal Place of Business PALM PRODUCE RESORTWEAR 5250 TOWN CENTER RD 129 BOCA RATON, FL 33486 US	Mailing Address 657 LINCOLN ROAD MIAMI, FL 33139 US
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DO NOT WRITE IN THIS SPACE



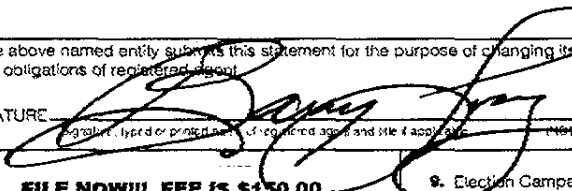
04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0035013	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LONG, BARRY 1335 LENOR AVENUE MIAMI, FL 33139
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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:  4/16/04

Signature, typed or printed name of registered agent and title if applicable. (None - Registered Agent signature required when reinstating) DATE

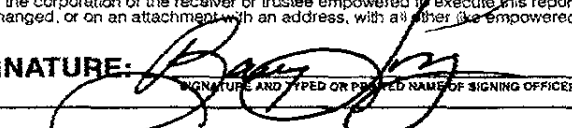
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Must Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LITACA, STEPHEN 3845 COCO GROVE AVE. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LONG, BARRY 1335 LENOX AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/04-80013-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:  4/16/04 305 / 534 3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MONTH YEAR