


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90003 027 \*\*\*150.00

**DOCUMENT # K15060**  
 1. Entity Name  
 PALM TRI DESIGNS, INC.



Principal Place of Business      Mailing Address  
 328 SWEET BAY CIRCLE      328 SWEET BAY CIRCLE  
 JUPITER, FL 33458 US      JUPITER, FL 33458 US

54069124



08172004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0041951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 NASTRI, SUSAN  
 328 SWEET BAY CIRCLE  
 JUPITER, FL 33458

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NASTRI, SUSAN E. DAY 328 SWEET BAY CIR JUPITER, FL 33458
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*      9/17/04      561 625-0033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #