


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L96064	
1. Entity Name THE PRESENT OF PALM BEACH, INC.	

Principal Place of Business 537 US HIGHWAY 1 #2 N PALM BEACH, FL 33408 US	Mailing Address 537 US HIGHWAY 1 #2 N PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0215370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHWARTZ, ROBERT M.
102 N SWINTON AVE
CROCKER PLAZA SUITE 301
DELRAY BCH, FL 33444**

**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: **4-20-05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DPT MARINEAU, JOAN 537 US HWY 1, STE #2 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ROBERT M. 102 N SWINTON AVE DELRAY BCH, FL 33444
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04/23/05-80032-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **4-20-05** DAYTIME PHONE #: **561-848-9344**