

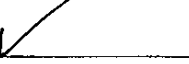
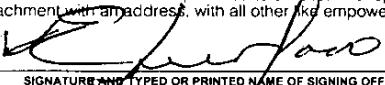


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 020 ****61.25

DOCUMENT # N02000009738 1. Entity Name 300 PALM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O STEVEN KRISCHER 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330				Mailing Address C/O STEVEN KRISCHER 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330	
2. Principal Place of Business - No P.O. Box # 340 PALM AVENUE		3. Mailing Address 340 PALM AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 (12/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 82-0585866	
Zip 33010		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRISCHER, STEVEN L 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name ELENA CARO Street Address (P.O. Box Number is Not Acceptable) 340 PALM AVENUE City MIAMI, FL Zip Code 33010		
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					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, OSCAR J 7950 NW 155 ST STE 104 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELENA CARO 340 PALM AVENUE MIAMI, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISCHER, STEVEN 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRA PEREZ 340 PALM AVE MIAMI, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISCHER, JEFFREY 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NURY PIWERO 340 PALM AVE MIAMI, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  ELENA CARO Date 1/10/08 Daytime Phone 305 8832777					