

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006651

FILED
Mar 10, 2004
Secretary of State**Entity Name:** PALM VILLAS CONDOMINIUM, INC.**Current Principal Place of Business:**210 SHORE DRIVE SOUTH
MIAMI, FL 33133**New Principal Place of Business:****Current Mailing Address:**210 SHORE DRIVE SOUTH
MIAMI, FL 33133**New Mailing Address:****FEI Number:** 11-3704259**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATRICIA L. PEREZ, P.A.
2222 PONCE DE LEON BOULEVARD
PENTHOUSE SUITE
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: ECHEVERRI, JUAN M
Address: 210 SHORE DRIVE SOUTH
City-St-Zip: MIAMI, FL 33133**Title:** VSD () Delete
Name: PELAEZ, NOHRA
Address: 210 SHORE DRIVE SOUTH
City-St-Zip: MIAMI, FL 33133**Title:** TD () Delete
Name: PELAEZ, PILLAR
Address: 210 SHORE DRIVE SOUTH
City-St-Zip: MIAMI, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN M ECHEVERRI

PD

03/10/2004

Electronic Signature of Signing Officer or Director_____
Date