

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006651

**Entity Name:** PALM VILLAS CONDOMINIUM, INC.**FILED  
Mar 10, 2004  
Secretary of State****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 33133Title: VSD ( ) Delete  
Name: PELAEZ, NOHRA  
Address: 210 SHORE DRIVE SOUTH  
City-St-Zip: MIAMI, FL 33133Title: 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 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