## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000006651

TI FILED
Sep 19, 2005
Secretary of State

Entity Name: PALM VILLAS CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

2915 SW 30TH COURT MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

2915 SW 30TH COURT MIAMI, FL 33133

FEI Number: 11-3704259 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KYRA BRUNING 2915 SW 30TH COURT MIAMI, FL 33133 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BRUNING, KYRA
 Name:
 BRUNING, KYRA

 Address:
 2915 SW 30TH COURT
 Address:
 2915 SW 30TH COURT

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NGOSSAM, GNOUMEN
 Name:

 Address:
 2913 SW 30TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MACDONNELL, JUSTIN
 Name:

 Address:
 2917 SW 3OT COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

Title: SD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 RODRIGUEZ, HENRY
 Name:
 SEGARRA, M ANUEL

 Address:
 2919 SW 30TH COURT
 Address:
 2919 SW 30TH COURT

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

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: KYRA BRUNING SD 09/19/2005