## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2007 8:00 am Secretary of State

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DOCUMENT # N0400004711  1. Entity Name PALERMO LAKES, INC.					01-	18-2007 901	102 037 *	***70.0	00	
Principal Place of Business 300 NW 12 AVE MIAMI, FL 33128  Mailing Address 300 NW 12 AVE MIAMI, FL 33128					1 ( <b>48</b> 7)(8) 8() 88() 1	illih orin sam sam s	naini Bami Birni li	<b>111</b> 1 ke <b>t</b> i ke	<b> 11)                                 </b>	
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172007 Ch	ig-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 80-025076	7		_ <del></del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		3.75 Add e Require		
	6. Name and Address of Current	t Registered Agent			7. Name and Add	ress of New Re	gistered Age	ent		
MARTORANO, SALVATORE			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)						
300 NW 12TH AVE MIAMI, FL 33128			31/661 //0		.O. DOX Number 15 1		<del></del>			
			City			·····	FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.					ed agent, or both, in	the State of Flori	I	niliar with,	and accept	
the obligat	lions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Agent signatur	ure required	when reinstating)		DATE			
SIGNATURE		9. Election Campa Trust Fund Con	aign Financing		when reinstating)  \$5.00 May Be Added to Fees		DATE ke check p la Departm	-		
SIGNATURE	Signature, typed or printed name of registered agentifications.  Filling Fee is \$61.25  Due by May 1, 2007	9. Election Camps Trust Fund Con	aign Financing atribution.		\$5.00 May Be Added to Fees	Florid	ke check p la Departm	ent of St	late	
	Signature, typed or printed name of registered agen	9. Election Campa Trust Fund Con	aign Financing atribution.		\$5.00 May Be Added to Fees	Florid	ke check p la Departm S AND DIREC	CTORS IN	10	
10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camps Trust Fund Con	aign Financing atribution.		\$5.00 May Be Added to Fees	Florid	ke check p la Departm S AND DIREC	ent of St	late	
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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 chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if

SIGNATURE:

MALTOLANO VPT

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 305 304 5505 Date Daytime Phone #