


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

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14941**  
 1. Entity Name  
**PALMETTO LAKES INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business 16095 N.W. 57TH AVENUE HIALEAH, FL 33014	Mailing Address 16095 N.W. 57TH AVENUE HIALEAH, FL 33014
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07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2734591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOBRIN, DAVID A.  
 8900 S.W. 107TH AVE.  
 SUITE 206  
 HIALEAH, FL 33014

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD0000164861  
 07/09/04 08005-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLENKER, DAVID 16095 N.W. RED RD. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUSHWA, ROY E. 16357 N.W. 57TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHTEN, JOHN 16095 N. W. 57TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RON 16357 N.W. 57TH AVE. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roy E. Gushwa **TREAS.** 7/7/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #