


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N14941 1. Entity Name PALMETTO LAKES INDUSTRIAL PARK ASSOCIATION, INC.	
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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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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**KOBRI, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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

DO NOT WRITE IN THIS SPACE

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01/24/05-80100-020 61.25

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* **Treasurer** *1/17/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #