

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90001 039 ****61.25

DOCUMENT # N98000006751

1. Entity Name
PALM BEACH BUSINESS GROUP, INC.



Principal Place of Business
**11 N J ST STE 5
LAKE WORTH, FL 33460**

Mailing Address
**P.O. BOX 3142
PALM BEACH, FL 33480**

24003212



DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0877806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSSI, LES
C/O FLETCHER ACCOUNTING
11 NORTH J ST
LAKE WORTH, FL 33460**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSI, LES
STREET ADDRESS	11 NORTH J ST
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	EVPD
NAME	THOMAS, PAMELA S
STREET ADDRESS	11 NORTH J ST
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	CARDENAS, JUAN
STREET ADDRESS	7522 75TH WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VPD
NAME	SALLY SATTERFIELD
STREET ADDRESS	4200 Community DR #310
CITY-ST-ZIP	West Palm Beach, FL 33409
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)(i), 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:

Les Rossi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 16, 2004

Date

561 832-4365

Daytime Phone #