

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91038 024 ***150.00

DOCUMENT # P00000006149

1. Entity Name
THE PALLADIUM ATHLETIC VILLAGE, INC.



Principal Place of Business
3121 W HALLANDALE BEACH BLVD
SUITE 102
PEMBROKE PINES, FL 33009

Mailing Address
3121 W HALLANDALE BEACH BLVD
SUITE 102
PEMBROKE PINES, FL 33009

2. Principal Place of Business
3001 West Hallandale Bch Blvd.

3. Mailing Address
3001 W. Hallandale Bch Blvd

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

04302004 Chg-P CR2E034 (10/03)

City & State
Pembroke Park FL

City & State
Pembroke Park FL

4. FEI Number
65-0981294

Applied For
Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLISH, LORI
3121 W HALLANDALE BEACH BLVD
SUITE 102
PEMBROKE PINES, FL 33009

Name
Lori G. English

Street Address (P.O. Box Number is Not Acceptable)
3001 West Hallandale Bch Blvd
Ste 300

City
Pembroke Park FL Zip Code
33009

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ENGLISH, LORI
STREET ADDRESS 3121 W HALLANDALE BEACH BLVD SUITE 102
CITY-ST-ZIP PEMBROKE PINES, FL 33009

TITLE PD
NAME ENGLISH, LORI
STREET ADDRESS 3001 West Hallandale Beach Blvd.
CITY-ST-ZIP Pembroke Park, FL 33009

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #