

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017162

Entity Name: PALMYRA FLORIDA, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

550 BILTMORE WAY  
#740  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

550 BILTMORE WAY  
#740  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

550 BILTMORE WAY  
PH II  
CORAL GABLES, FL 33134 US

## New Mailing Address:

550 BILTMORE WAY  
PH II  
CORAL GABLES, FL 33134 US

FEI Number: 65-1011770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, DONALD S  
550 BILTMORE WAY  
CORAL GABLES  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAMIREZ, DONALD S  
Address: 626 CORAL WAY #1102  
City-St-Zip: MIAMI, FL 33134

Title: S ( ) Delete  
Name: RAMIREZ, HENRY F  
Address: 626 CORAL WAY # 1102  
City-St-Zip: MIAMI, FL 33135

Title: TR ( ) Delete  
Name: RAMIREZ, JUAN B  
Address: 626 CORAL WAY # 1102  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD S RAMIREZ

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date