

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90043 013 ***150.00

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1. Entity Name

PALACIOS ENTERPRISES, INC.



Principal Place of Business

**C/O PENINSULA INS. BUREAU INC.
6065 NW 167 STREET - SUITE B-1
MIAMI, FL 33015**

Mailing Address

**C/O PENINSULA INS. BUREAU INC.
6065 NW 167 STREET - SUITE B-1
MIAMI, FL 33015**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0989519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALACIOS, JOSE A
5430 SW 88 PL
MIAMI, FL 33165-6746**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PALACIOS, JOSE A
STREET ADDRESS	5430 SW 88 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	PALACIOS, ELSA M
STREET ADDRESS	5430 SW 88 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06

Date

(305) 824-0111

Daytime Phone #

Jose A. Palacios, President