

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90063 014 \*\*\*150.00

DOCUMENT # P00000023877

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

4001400



01092007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
PALACIOS, JOSE A  
5430 SW 88 PL  
MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PALACIOS, ELSA M  
5430 SW 88 PL  
MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 824-0111

Daytime Phone #

Jose A. Palacios, President

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ATTACHMENT

40074307

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Daytime Phone #