2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2005 08:00 AM Secretary of State DOCUMENT # P00000085334 1. Entity Name PALMWOOD APARTMENTS, INC. Principal Place of Business Mailing Address 1530 PASADENA AVE SOUTH SOUTH PASADENA FL 33707 1530 PASADENA AVE SOUTH SOUTH PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 59-3680624 Not Applicable Ζip Country Zίp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIANTAFILOU, CHRISTODOULOS 1530 PASADENA AVE SOUTH Street Address (P.O. Box Number is Not Acceptable) SOUTH PASADENA FL 33707 City Zip Code 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS THE TOTAL ☐ Defete ☐ Change Addition NAME TRIANTAFILOU, CHRISTODOULOS NAME 1530 PASADENA AVE SOUTH STREET ADDRESS STREET ALPORESS CITY-ST-ZIP SOUTH PASADENA FL 33707 CAY STAZIP MILE ☐ Delete TOTALE ☐ Change ☐ Addition TAKTIKOS, HRĪSTOS NAME NAME U00000277735 STREET ADDRESS 1530 PASADENA AVE SOUTH CIRCET ADORESS 03/26/05-80040-024 150.00 CITY ST-ZIP SOUTH PASADENA FL 33707 C114-51-71P THE ☐ Delete Change ☐ Addition NAME TAKTIKOS, EKATERINI NAME STREET ADDRESS 1530 PASADENA AVE S STREET ADDRESS C114-21-20P SOOUTH PASADENA FL 33707 Critistian TITLE ☐ Delete Litt ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- AP HHE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CHY-SI-MP HILE Delete bitt ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP

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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

CHRISTODOULOS TRIANTABLOU 3-22-05 727-341-1711