2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # P00000110404 1. Entity Name PAL REAL ESTATE, INC.							04-18-2008 90027 028 ***150.00				
Principal Place of Business 8064 N 56TH STREET TAMPA, FL 33617			Mailing Address P.O. BOX 290382 TAMPA, FL 33687		·		40071447				
2. Principal Place of Business - No P.O. Box # 3. 4001 E Lake Are			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04142008	Chg-P	CR2E	034 (12/06)	
City & State Tampa, FL			City & State				4. FEI Number 59-368				plied For t Applicable
Zip 334	33610 Hillsborough		Zip Cour		ntry		5. Certificate of Status Desired \$8.75 Fee Rec				
	6. Name	and Address of Current F	Registered Agent	Jistered Agent			7. Name and	Address of New R	egistered	Agent	
SALHAB, NOOR					Name						
12402 PAMPAS PLACE TAMPA, FL 33617					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FI	L 33617										
					City				FI	Zip Code	
The above named entity submits this statement for the ourcess of changing its register								h in the Ctore of Flo		- '	
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.											ано ассері
SIGNATURE											
DIGITATIONE 2	Signature, typed	or printed name of registered agent a	d Agent signatur	re required	when reinstating)		DATE				
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11			
THE	Р		☐ Delete	TITL	E					☐ Change	☐ Addition
NAME CAREET ARRESTOR	SALHAB, NOOR 12402 PAMPAS PLACE				ME						
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33617				REET ADORESS Y-S1-ZIP						
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CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete							☐ Change	☐ Addition
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TITLE		·	□ Delete	TITE	———					☐ Change	☐ Addition
NAME			LI Delete	NAM						□ минуе	☐ ¥90000
STREET ADDRESS					ET ADDRESS						

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

4/15/08

(81) 727-0102

☐ Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone