

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 003 ***150.00

DOCUMENT # P00000117826

1. Entity Name

TALISMAN DEVELOPMENT CORP.



Principal Place of Business

**3600 ST. GAUDENS ROAD
MIAMI FL 33133**

Mailing Address

**3600 ST. GAUDENS ROAD
MIAMI FL 33133**

2. Principal Place of Business

1900 S. BAYSHORE DRIVE

3. Mailing Address

1900 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number

65-1070993

Applied For

Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMER, MARTIN
3600 ST. GAUDENS ROAD
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
PALMER, MARTIN J
3600 ST. GAUDENS ROAD
MIAMI FL 33133**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
BELLO, LUIS M
13142 NORTH EAST 3RD COURT
MIAMI FL 33161**

☐ Delete

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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN PALMER

2/19/04

305.310.4693