

2006 FOR PROFIT CORPORATION ANNUAL REPORT

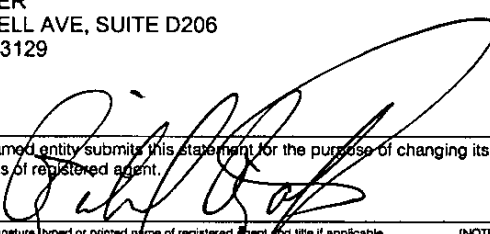
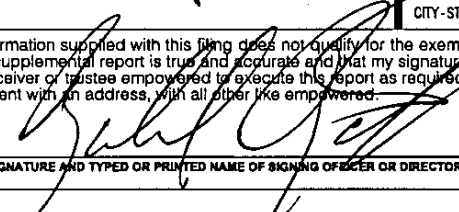
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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90106 037 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000012450					
1. Entity Name NORTH PALM ESTATES HOMES, INC.					
Principal Place of Business 7901 W. 25 AVE #3 HIALEAH, FL 33016			Mailing Address 7901 W. 25 AVE #3 HIALEAH, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-1074544				Applied For ☐ Not Applicable	
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		
BESU, ROGER 1925 BRICKELL AVE, SUITE D206 MIAMI, FL 33129			Name <u>RICHARD RAFUUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>7901 W. 25 AVE, #3</u> City <u>HIALEAH</u> FL Zip Code <u>33016</u>		
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 			DATE <u>1/11/06</u>		
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BESU, ROGER		NAME		
STREET ADDRESS	1925 BRICKELL AVE, SUITE D206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	RAFUUS, RICHARD		NAME	RAFUUS, RICHARD	
STREET ADDRESS	7901 W. 25 AVE, #3		STREET ADDRESS	7901 W. 25 AVE, #3	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	MARRENO, HECTOR		NAME	MARRERO, HECTOR	
STREET ADDRESS	7901 W. 25 AVE, #3		STREET ADDRESS	7901 W. 25 AVE, #3	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	HIALEAH, FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date <u>1/11/06</u> (305) 883-8881		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		