

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

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



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1074544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAFULS, RICHARD
7901 W 25TH AVE, #3
HIALEAH, FL 33016

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000855550
03/28/08-80016-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BESU, ROGER
STREET ADDRESS	1925 BRICKELL AVE, SUITE D206
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	PD
NAME	RAFULS, RICHARD
STREET ADDRESS	7901 W. 25 AVE, #3
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VP
NAME	MARRERO, HECTOR
STREET ADDRESS	7901 W. 25 AVE, #3
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

Handwritten signature - 3/6/08