

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 012 ***150.00

DOCUMENT # P01000019650

1. Entity Name

SOUTH FLORIDA PALM OF DADE, INC.



Principal Place of Business
**14500 S.W. 182 AVE.
MIAMI FL 33196**

Mailing Address
**14500 S.W. 182 AVE.
MIAMI FL 33196**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1078254

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

**GUTIERREZ, ROBERTO
4501 SW 102ND PLACE
MIAMI FL 33165**

Name

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

14500 SW 182 Ave

City

MIAMI

FL

Zip Code

33196

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

Robert Gutierrez

2/21/06

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, 2006 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 PD ☐ Delete
NAME GUTIERREZ, ROBERTO
STREET ADDRESS **4501 SW 102ND PLACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition
NAME **14500 SW 182 AVENUE**
STREET ADDRESS **MIAMI, FL. 33196**
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME GUTIERREZ, MARGANTA
STREET ADDRESS **4501 S.W. 182 PLACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition
NAME **14500 SW 182 Ave**
STREET ADDRESS **MIAMI, FL 33196**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Margant Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

Date

Daytime Phone #