

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000038370

1. Entity Name
ALATA PALM BEACH, INC.



Principal Place of Business Mailing Address

**340 ROYAL POINCIANA WAY SUITE 1C
 PALM BEACH, FL 33480** **340 ROYAL POINCIANA WAY SUITE 1C
 PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1096841 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ
 C/O ALLEY MAASS ROGERS & LINDSAY PA
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MRUCZKOWSKI, LORRAINE 161 LAKE ARBOR DRIVE LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBARITO, JAMES 7728 NANTUCKET CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/08/06-80003-018 150.00

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 *Lorraine Mruczowski* *6/8/06* *561 655 7056*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #