2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91054 044 ***150.00

DOCUMENT # P01000042745

1. Entity Name
LA PALMA REAL CORPORATION

Principal Place of Business	Mailing Address
1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 GLADES CIRCLE	1800 GLADES CIRCLE
Suite, Apt. #, etc. SUITE E #102	Suite, Apt. #, etc. SUITE E #102
City & State WESTON, FL	City & State WESTON, FL
Zip 33327 Country	Zip 33327 Country

4. FEI Number
65-1099196 ☐ 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
RIOS, LEOPOLDO 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	Name: RIOS, Leopoldo Street Address (P.O. Box Number is Not Acceptable): 1800 GLADES CIRCLE SUITE #E-102 City: WESTON FL Zip Code: 33327.

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: Antonietta Turri 04/30/04
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

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	PD DE MAQUA, JUAN J 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARAZZATO, SILVANO P 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARAZZATO, CLARA P 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARAZZATO, DENIS 1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Antonietta Turri 04/30/04 954-5150301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #