

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000059020**

1. Entity Name  
**PALM 67, INC.**



Principal Place of Business  
**1428 BRICKELL AVENUE SUITE 105  
 MIAMI, FL 33131**

Mailing Address  
**1428 BRICKELL AVENUE SUITE 105  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1122983** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**M & W AGENTS, INC.  
 2101 CORPORATE BLVD SUITE 107  
 BOCA RATON, FL 33431**

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 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, 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	PD HALPRYN, GLENN L 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOERNER, JUDITH A 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, ERNEST M 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HURTADO, ELLISA 1428 BRICKELL AVE #105 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/28/06-80046-004 150.00

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 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:** **GLENN L. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #