

**2006 FOR PROFIT CORPORATION**  
*Amended* **ANNUAL REPORT**

04-03-2006 90413 030 \*\*\*\*61.25  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 14 PM 2:14

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

50008721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 renewing)

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 PD  
NAME HALPRYN, GLENN L ☐ Delete  
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VST  
NAME HOERNER, JUDITH A ☐ Delete  
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D  
NAME HALPRYN, ERNEST M ☐ Delete  
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS  
NAME HURTADO, ELLISA ☒ Delete  
STREET ADDRESS 1428 BRICKELL AVE #105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Change ☒ Addition  
NAME CABRERA, MARLENE  
STREET ADDRESS 1428 BRICKELL AVE#105  
CITY-ST-ZIP MIAMI FL 33131

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

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

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

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

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 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, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06

305 371-4112

Date

Daytime Phone #

4114 00