

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000077984

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** PALM COVE FINANCIAL INC.

**Current Principal Place of Business:**

11911 US HWY ONE STE 201  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

215 SW FEDERAL HIGHWAY  
SUITE 201  
STUART, FL 34994

**Current Mailing Address:**

11911 US HWY ONE STE 201  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

215 SW FEDERAL HIGHWAY  
SUITE 201  
STUART, FL 34994

**FEI Number:** 65-1129828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WROBLEWSKI, ROBERT M  
11911 US HWY ONE STE 201  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

WROBLEWSKI, ROBERT M  
215 SW FEDERAL HIGHWAY  
SUITE 201  
STUART, FL 34994 US

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.

**SIGNATURE:** ROBERT M. WROBLEWSKI

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WROBLEWSKI, ROBERT M  
**Address:** 435 MARLIN RD  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT M. WROBLEWSKI

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date