2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2003 8:00 am Secretary of State **DOCUMENT #** P01000099568 1. Entity Name 03-21-2003 90077 005 ***150.00 PALMA DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 9200 SW 80 ST 9200 SW 80 ST MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address BBOVE SEE ABOVE SEE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1147986 Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . --- 7. Name and Address of New Registered Agent ROSABAL, FELIX A Street Address (P.O. Box Number is Not Acceptable) 9200 SW 80 ST MIAMI FL 33173 City 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 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, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ROSABAL. FELIX ANTONIO ☐ Change Addition NAME NAME 9200 SW 80 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE DE PEREA, CARMEN BORJA Change ☐ Addition NAME NAME 9225 SW 82 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33158** CITY-ST-ZIP ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if MIREELIX A. ROSABAL) 3-18-03 305-596-6643

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED