

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 11:18

DOCUMENT # P02000002267

1. Entity Name
PALM BEACH REALTY INC.



Principal Place of Business
231 SUNRISE AVE
PALM BCH, FL 33480

Mailing Address
231 SUNRISE AVE
PALM BCH, FL 33480

DO NOT WRITE IN THIS SPACE

03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3753582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEARL, TARA E
150 BRADLEY PL APT 308/309
PALM BCH, FL 33480

**DO NOT WRITE
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
DS
PEARL, TARA E
150 BRADLEY PL APT 308/309
PALM BCH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SMALL, PHYLLIS H
150 BRADLEY PL APT 307
PALM BCH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SMALL, PHYLLIS H
150 BRADLEY PL APT 307
PALM BCH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500068867535
03/29/06--01007--001 **250.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #