

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000024305

1. Entity Name  
PALOMA REALTY CORPORATION, INC.



Principal Place of Business  
8819 FROUDE AVENUE  
SURFSIDE, FL 33154

Mailing Address  
8819 FROUDE AVENUE  
SURFSIDE, FL 33154

FILED

05 OCT 19 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
4071920051 No Chg. Pts CR2E034 (10/03) 05

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1407595

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

FERNANDEZ, BERTHA  
8819 FROUDE AVENUE  
SURFSIDE, FL 33154

**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 \$550.00  
Due by September 7, 2005**

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  
FERNANDEZ, BERTHA  
8819 FROUDE AVENUE  
SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500060953715  
10/26/05--01049--009 \*\*150.00

500060953715  
10/26/05--01049--010 \*\*550.00

500060953715  
10/26/05--01049--011 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

9/1/05

12. I hereby certify that the information supplied with this filing 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/05 305 868 3638