

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90223 005 ***150.00

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1. Entity Name
GOLD PALMS, INC.



Principal Place of Business
**1756 EAGLE TRACE BLVD. W.
CORAL SPRINGS, FL 33071**

Mailing Address
**2141 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33071**

50002972



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3646258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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
**PTD
COHEN, RONALD
1756 EAGLE TRACE BLVD. W.
CORAL SPRINGS, FL 33071**

**12385 NW 76th St
Parkland, FL
33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVD
COHEN, SUSAN
1756 EAGLE TRACE BLVD. W.
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 **3/15/06** Daytime Phone # **954-567-8530**