

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90362 036 \*\*\*158.75

**DOCUMENT # P02000054527**

1. Entity Name

PALM FLORAL HOLDINGS, INC.



Principal Place of Business

1133 S. UNIVERSITY DR.  
STE. 202  
PLANTATION FL 33324

Mailing Address

1133 S. UNIVERSITY DR.  
#202  
PLANTATION FL 33324

44041865



MOORE

CR2E034 (11/03)

2. Principal Place of Business

215 S.W. 125<sup>TH</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

215 S.W. 125<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

43-1961181

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEHADEH, ABDEL K  
1133 S. UNIVERSITY DR., STE 202  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

ABDALLAH, FRANCIS

Street Address (P.O. Box Number is Not Acceptable)

215 S.W. 125<sup>TH</sup> AVE

City

PLANTATION

FL

Zip Code

33325

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHEHADEH, ABDEL K  
STREET ADDRESS 2400 E COMM'L BLVD STE 820  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE P ☒ Delete  
NAME SHEHADEH, ABDEL K  
STREET ADDRESS 1133 S. UNIVERSITY DR., STE 202  
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ Delete  
NAME WAEL, DAHSEH  
STREET ADDRESS 1133 S. UNIVERSITY DR., STE 202  
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ Delete  
NAME KAHOOK, NOFAL  
STREET ADDRESS 1133 S. UNIVERSITY DR., STE 202  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVPS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 215 S.W. 125<sup>TH</sup> AVE  
CITY-ST-ZIP PLANTATION, FL 33325

TITLE DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 215 S.W. 125<sup>TH</sup> AVE  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04