## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000063391

Name:

Address:

City-St-Zip:

RAMIREZ, JUAN B

626 CORAL WAY #1102

CORAL GABLES, FL 33134 US

Entity Name: PALMYRA II FLORIDA, INC

FILED Apr 20, 2009 Secretary of State

Littly Nai	HE. FALIVITA	A IIT LORIDA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
550 BILTM 740	ORE WAY			550 BILTMORE WAY		
CORAL GABLES, FL 33134 US				CORAL GABLES, FL 33	3134 US	
Current Mailing Address:				New Mailing Address:		
550 BILTM	ORE WAY			550 BILTMORE WAY		
740 CORAL GA	ABLES, FL 33	134 US		PHII CORAL GABLES, FL 33	3134 US	
FEI Number:	04-3738658	FEI Number Applied For ( )	FEI Numi	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
RAMIREZ, DONALD S 550 BILTMORE WAY 740				RAMIREZ, DONALD S 550 BILTMORE WAY PH II		
CORAL GABLES, FL 33134 US				CORAL GABLES, FL 33134 US		
	named entity s of Florida.	submits this statement for	the purpose of	changing its registered of	office or registered agent, or both,	
SIGNATURE:				04/20/2009		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RAMIREZ, DON 626 CORAL WA		1	Title: ( Name: Address: City-St-Zip:	) Change()Addition	
Title: Name: Address: City-St-Zip:	RAMIREZ, HEN 626 CORAL WA		1	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	S ()	Delete	-	Title: (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD RAMIREZ P 04/20/2009