

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000126228

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** PALM AIRE KITCHEN AND BATH DESIGNS, INC.

**Current Principal Place of Business:**

3507 OAKS WAY #209  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

3507 OAKS WAY SUITE 209  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 75-3093973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORASH, MICHAEL  
3507 OAKS WAY SUITE 209  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORASH, MICHAEL  
Address: 3507 OAKS WAY SUITE 209  
City-St-Zip: POMPAN0 BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: MIKE MOREASH

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date