


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000128540  
 1. Entity Name  
 PALM DEPOT CORP.



Principal Place of Business      Mailing Address  
 19000 SW 192ND STREET      19000 SW 192ND STREET  
 MIAMI, FL 33187                  MIAMI, FL 33187

**DO NOT WRITE IN THIS SPACE**



07182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 20-1029501      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIEL M  
 19000 SW 192ND STREET  
 MIAMI, FL 33187

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ALBERTO G
STREET ADDRESS	30545 SW 193RD AVENUE
CITY - ST - ZIP	HOMESTEAD, FL 33032
TITLE	VT
NAME	RODRIGUEZ, ESTEBAN L
STREET ADDRESS	16454 NW 84TH AVENUE
CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE	S
NAME	RODRIGUEZ, DANIEL M
STREET ADDRESS	7560 SW 67TH STREET
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000373833  
 07/20/05-80009-020 150.00

**DO NOT WRITE IN THIS SPACE**

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:       Date: 7/18/05      Day/Time Phone #: 305-253-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR