

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000128540

1. Entity Name
PALM DEPOT CORP.



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

Mailing Address
**19000 SW 192ND STREET
MIAMI, FL 33187**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1029501

Applied For
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 _____

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**

**000000506060
04/27/06-80004-016 150.00**

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

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

4/11/06 305.253.2700
Date Daytime Phone #