


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90386 040 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128540 1. Entry Name PALM DEPOT CORP.	
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Principal Place of Business 19000 SW 192ND STREET MIAMI, FL 33187	Mailing Address 19000 SW 192ND STREET MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE

40087368



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1029501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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9. 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ALBERTO G
STREET ADDRESS	30546 SW 193RD AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	VT
NAME	RODRIGUEZ, ESTEBAN L
STREET ADDRESS	14454 NW 84TH AVENUE 8585 N.W. 169TH DR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016 MIAMI FL. 33016
TITLE	S
NAME	RODRIGUEZ, DANIEL M
STREET ADDRESS	7580 SW 67TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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:  _____ Date _____ Daytime Phone # _____