

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90013 003 ***150.00

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



04172008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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	8585 N.W. 169 TERR
CITY-ST-ZIP	MIAMI, 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	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-08 305-253-2700
 Date Daytime Phone #