
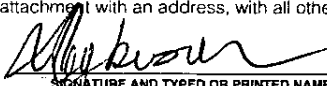


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 039 ***150.00

DOCUMENT # P03000006948 1. Entity Name THE PALM BEACH CARD, INC.			
Principal Place of Business 1102 THE POINTE DRIVE WEST PALM BEACH FL 33409		Mailing Address 1102 THE POINTE DRIVE WEST PALM BEACH FL 33409	
2. Principal Place of Business 224 DATURA STREET Suite, Apt. #, etc. 312		3. Mailing Address 224 DATURA STREET Suite, Apt. #, etc. 312	
City & State West Palm Beach, FL Zip 33401		City & State West Palm Beach, FL Zip 33401	
Country U.S.A		Country U.S.A	
4. FEI Number 27-0047812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name: LISA HEWITT MATTHEWS Street Address (P.O. Box Number is Not Acceptable) 10432 SHOWBOAT LANE City: ROYAL PALM BEACH FL Zip Code: 33411	
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: LISA HEWITT-Matthews/Manager (NOTE: Registered Agent signature required when reinstating) DATE: 6-4-04			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EGBUON, MEYEBI T 1102 THE POINTE DRIVE WEST PALM BEACH FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEYEBI DORE Egbuson 4640 Palm Brooke Circle West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 6-4-04 Daytime Phone #: 561-802-1774	