2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010198

1. Entity Name

PALM BEACH RESEARCH, INC.



FILED Mar 18, 2005 8:00 am Secretary of State

03-18-2005 90076 024 ***150.00

Principal Place of Business		Mailing Address				
		1897 PALM BCH LAKES BLVD #120 W PALM BCH, FL 33409		5002792		
				A ATTIFECT AN OTHER WAY SEAN BOWN BRIDE HERE BEIDE WEIGH FOREN HALFER IN FORE		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005 Chg-P CR2E034 (10/03)		
City & State		City & State		4. FEI Number Applied For 57-1179012 Not Applied		
Ζp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
- HABER, AUDREY 1897 PALM BCH LAKES BLVD #120 W PALM BCH, FL 33409			Name			
			Street Address (P.O.:Box Number is Not Acceptable)			
	•					
			City	FL Zip Code		
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accep		
SIGNATURE Signature, typed or printed monto of registered agent and fills if applicable (NOTE: Registered Agent eignature regioned when remotating) DATE						
		(EVIII)	and the second section of the second section of	See Here (See See See See See See See See See S		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	D HABER, AUDREY	☐ Delete	TITLE NAME	☐ Change ☐ Addiri		
STREET ADDRESS CHY-S1-ZIP	1897 PALM BCH LAKES BLVD: W PALM BCH, FL 33409	#120	STREET ADDRESS CHY-SI-ZIP			

TITLE Ociese TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS C:TY - ST - 2:P CitY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ACCRESS SIREET ADDRESS CHTY-ST-ZIP CITY-51-21P TITLE Delete TITLE - __ . Change _ - C Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHTY-ST-ZIP De ete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-S1-21P

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 it changed, or on an attachment with an agdress, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

261-689-0606