

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 035 ***158.75

DOCUMENT # P03000045036

1. Entity Name
PALMS OF FLORIDA CORPORATION



Principal Place of Business
**14919 PINECREST ROAD
TAMPA, FL 33613-1620**

Mailing Address
**POB 17007
TAMPA, FL 33682**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0081409

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, ARTURO
14919 PINECREST ROAD
TAMPA, FL 33613-1620**

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUTIERREZ, ARTURO
STREET ADDRESS	14919 PINECREST ROAD
CITY - ST - ZIP	TAMPA, FL 336131620
TITLE	V
NAME	GUTIERREZ, BIBIANA
STREET ADDRESS	14919 PINECREST RD
CITY - ST - ZIP	TAMPA, FL 33613
TITLE	M
NAME	ORDONEZ, CHRISTIAN M
STREET ADDRESS	10408 OPUS DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	M
NAME	ORDONEZ CHRISTIAN
STREET ADDRESS	5232 CLOVER MIST DR.
CITY - ST - ZIP	APOLLO BEACH, FL. 33572
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SECRETARY
NAME	HORTA ARACELI
STREET ADDRESS	3614 W. IOWA Ave.
CITY - ST - ZIP	TAMPA, FL. 33611

**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

P.O. GUTIERREZ ARTURO

Jan/24/06 (813) 748-3353

Date

Daytime Phone #