

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90083 001 \*\*\*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

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>26-0081409  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GUTIERREZ, ARTURO<br>14919 PINECREST ROAD<br>TAMPA, FL 336131620    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GUTIERREZ, BIBIANA<br>14919 PINECREST RD<br>TAMPA, FL 33613          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>ORDONEZ, CHRISTIAN<br>5232 CLOVER MIST DR<br>APOLLO BEACH, FL 33572  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ARACELI, HORTA<br>3614 W. IOWA AVE<br>TAMPA, FL 33611                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MARILYNN GUTIÉRREZ<br>14919 PINECREST RD.<br>TAMPA, FL. 33613-1620   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V #2<br>ARMANDO GUTIÉRREZ<br>14919 PINECREST RD.<br>TAMPA, FL. 33613-1620 |

**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 officers empowered.

SIGNATURE: \_\_\_\_\_ DATE: January 14 / 08 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR