


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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0081409	Applied For 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, ARTURO 14919 PINECREST ROAD TAMPA, FL 336131620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, BIBIANA 14919 PINECREST RD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORDONEZ, CHRISTIAN 5232 CLOVER MIST DR APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARACELI, HORTA 3614 W. IOWA AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARILYNN GUTIÉRREZ? 14919 PINECREST RD. TAMPA, FL. 33613-1620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V #2 ARMANDO GUTIÉRREZ? 14919 PINECREST RD. 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 information empowered.

SIGNATURE:  **January 14 / 08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #