

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045036

FILED
Apr 10, 2011
Secretary of State

Entity Name: PALMS OF FLORIDA CORPORATION

Current Principal Place of Business:

14919 PINECREST ROAD
TAMPA, FL 336131620

New Principal Place of Business:

Current Mailing Address:

POB 17007
TAMPA, FL 33682

New Mailing Address:

PO BOX 17007
TAMPA, FL 33682

FEI Number: 26-0081409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, ARTURO PD
14919 PINECREST ROAD
TAMPA, FL 336131620 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GUTIERREZ, ARTURO
Address: 14919 PINECREST ROAD
City-St-Zip: TAMPA, FL 336131620

Title: V
Name: HORTA, ARACELI
Address: 3614 W. IOWA AVE.
City-St-Zip: TAMPA, FL 33611

Title: M
Name: ORDONEZ, CHRISTIAN
Address: 14919 PINECREST RD.
City-St-Zip: TAMPA, FL 33613

Title: S
Name: GUTIERREZ, ARMANDO
Address: 14919 PINECREST RD.
City-St-Zip: TAMPA, FL 33613

Title: S
Name: GUTIERREZ, ALFONSO
Address: 14919 PINECREST RD
City-St-Zip: TAMPA, FL 336131620

Title: S
Name: GUTIERREZ, PATRICIA
Address: 14919 PINECREST RD
City-St-Zip: TAMPA, FL 336131620

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARTURO GUTIERREZ

PD

04/10/2011

Electronic Signature of Signing Officer or Director

Date