

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000050769**

1. Entity Name  
**PALM CREATIVITY INC**



Principal Place of Business  
**20379 W COUNTRY CLUB DRIVE  
SUITE 1934  
AVENTURA, FL 33180**

Mailing Address  
**20379 W COUNTRY CLUB DRIVE  
SUITE 1934  
AVENTURA, FL 33180**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0466000</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ALEJANDRO ROMO  
20379 W COUNTRY CLUB DRIVE  
SUITE 1934  
AVENTURA, FL 33180**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000589303  
01/18/07-90011-003 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMO, ALEJANDRO 20379 W COUNTRY CLUB DRIVE, SUITE 1934 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMO, LORETO 20379 W COUNTRY CLUB DRIVE, SUITE 1934 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMO, MABEL 20379 W COUNTRY CLUB DRIVE, SUITE 1934 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMO, PAULA 20379 W COUNTRY CLUB DRIVE, SUITE 1934 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #

*1/11/07* *(305) 785 0345*