

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90011 020 ***158.75

DOCUMENT # P03000062287																																																																																																																																																											
1. Entity Name PALLANTE ENTERPRISES, INC.																																																																																																																																																											
Principal Place of Business 880 NE 69TH ST. 8K MIAMI, FL 33138			Mailing Address 880 NE 69TH ST. 8K MIAMI, FL 33138																																																																																																																																																								
2. Principal Place of Business 671 NE 195th St. Suite, Apt. #, etc. 408			3. Mailing Address SAME Suite, Apt. #, etc.																																																																																																																																																								
City & State MIAMI, FL		City & State		4. FEI Number 54-2113208																																																																																																																																																							
Zip 33179		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent SINGER, BERNARD A 3107 STIRLING ROAD SUITE 105 FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name: PALLANTE, JERRY Street Address (P.O. Box Number is Not Acceptable): 671 NE 195th Street Apt City: MIAMI FL Zip Code: 33179																																																																																																																																																							
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: DATE: 6-15-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D, P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">671 NE 195th Street Apt 408</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PALLANTE, JERRY C</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3226 MCKINLEY STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KEARNS, THOMAS</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3226 MCKINLEY STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GRIMSLEY, JOSHUA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5431 SW 24TH AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33312</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>DESOURDIS, NORMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>671 NE 195th St. APT 408</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D, P	<input type="checkbox"/> Delete	TITLE	671 NE 195th Street Apt 408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PALLANTE, JERRY C		NAME			STREET ADDRESS	3226 MCKINLEY STREET		STREET ADDRESS			CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KEARNS, THOMAS		NAME			STREET ADDRESS	3226 MCKINLEY STREET		STREET ADDRESS			CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GRIMSLEY, JOSHUA		NAME			STREET ADDRESS	5431 SW 24TH AVE.		STREET ADDRESS			CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			NAME	DESOURDIS, NORMAN		STREET ADDRESS			STREET ADDRESS	671 NE 195th St. APT 408		CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33179		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	D, P	<input type="checkbox"/> Delete	TITLE	671 NE 195th Street Apt 408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	PALLANTE, JERRY C		NAME																																																																																																																																																								
STREET ADDRESS	3226 MCKINLEY STREET		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	MIAMI, FL 33179																																																																																																																																																							
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	KEARNS, THOMAS		NAME																																																																																																																																																								
STREET ADDRESS	3226 MCKINLEY STREET		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP																																																																																																																																																								
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	GRIMSLEY, JOSHUA		NAME																																																																																																																																																								
STREET ADDRESS	5431 SW 24TH AVE.		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME	DESOURDIS, NORMAN																																																																																																																																																							
STREET ADDRESS			STREET ADDRESS	671 NE 195th St. APT 408																																																																																																																																																							
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33179																																																																																																																																																							
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
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: DATE: 6-15-06 DAYTIME PHONE: 254-817-0881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											