## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P03000064516  1. Entity Name C.Y. PALERMO, INC.					04-30-2007 90844 037 ***150.00 40093'38'0			
Principal Place	o of Business	Mailing Address	1	$\dashv$ $\bullet$ $u$	3300			
Principat Place of Business 630 NW 8TH AVENUE BOCA RATON, FL 33486		630 NW 8TH AVENUE BOCA RATON, FL 33486		door				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007	Chg-P	CR2E034 (12/0	6)	
City & State		City & State		4. FEI Numb 30-018		<del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent	···	
541 55140			Name					
PALERMO, SALATORE C 630 NW 8TH AVENUE BOCA RATON, FL 33486			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
BOCA RA	TON, FL 33400				<u>-</u>			
			City	<del></del>		FL Zip C	ode	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	egistered office or regi	stered agent, or bo	th, in the State of F	Torida. I am familiar wi	th, and accept	
010147.05								
SIGNATURE.	Signature, typed or printed name of registered age:	nt and life if applicable (NOTE:	Registered Agent signature rec			DATE		
	2.5 %		riogistores rigerit digramit res	juired when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$5.00 May Be		UNIC		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig Trust Fund Contri	n Financing bution.	\$5.00 May Be Added to Fees				
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12. I hereby certify that the information supplied with this filling 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 inatury signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver districted empowered to execute this people as placed 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 expressed.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

(561)392-1036