

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000066164**

1. Entity Name  
**PALM DEPOT & EQUIPMENT, INC.**



Principal Place of Business  
**12425 S.W. 188TH ST.  
MIAMI, FL 33177**

Mailing Address  
**12425 S.W. 188TH ST.  
MIAMI, FL 33177**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0965865**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**DELGADO, JOSE  
12425 S.W. 188TH ST.  
MIAMI, FL 33177**

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DELGADO, JOSE
STREET ADDRESS	12425 S.W. 188TH ST.
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	VPS
NAME	RIVERA, CATALINA
STREET ADDRESS	12425 S.W. 188TH ST.
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000701667  
04/20/07-80065-025 150.00

**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

4-9-07

Date

305.216.7866

Daytime Phone #