

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000070546

1. Entity Name
 THE PALM ESTATE, CORPORATION



Principal Place of Business
 8770 SUNSET DRIVE
 #527
 MIAMI, FL 33173

Mailing Address
 8770 SUNSET DRIVE
 #527
 MIAMI, FL 33173



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-0065004

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

MARI, MANUEL J
 250 BIRD ROAD
 SUITE 200
 CORAL GABLES, FL 33146

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

1000000387205
 01/19/06-90029-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME DIAZ, ARNALDO
 STREET ADDRESS 10250 SOUTHWEST 56TH STREET #A-201
 CITY-ST-ZIP MIAMI, FL 33165

TITLE VD
 NAME SESIN, JOSE L
 STREET ADDRESS 10250 SOUTHWEST 56TH STREET #A-201
 CITY-ST-ZIP MIAMI, FL 33165

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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 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 changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06 (305) 3222493
 Date Daytime Phone