


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000098021 |  |
| 1. Entity Name 7 PALMS INC. | |

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| Principal Place of Business 66 BAY LAKE DRIVE ORMOND BEACH, FL 32174 | Mailing Address 66 BAY LAKE DRIVE ORMOND BEACH, FL 32174 |
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 20-0228980 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221 E PALM BEACH GARDENS, FL 33410 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RINDINELLA, ELISEO 66 BAY LAKE DRIVE ORMOND BEACH, FL 32174 |
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03/30/05-80004-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eliseo Rindinella Mar 28/05 386-451-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #