


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000113186
1. Entity Name
PALABRA DE HONOR CORPORATION



Principal Place of Business Mailing Address
C/O GILBERT K SQUIRES, P.L.
767 ARTHUR GODFREY ROAD C/O GILBERT K SQUIRES, P.L.
MIAMI BEACH, FL 33140 767 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0875173 Not Applicable

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

6. Name and Address of Current Registered Agent

SQUIRE, GILBERT K ESQ
C/O GILBERT K SQUIRES, P.L.
767 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

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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	DP
NAME	GUINDI, IVONNE
STREET ADDRESS	997 HARBORVIEW DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/05-80008-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *GILBERT K. SQUIRES ESQ*
Attorney-in-Fact

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **14 Feb '05** Daytime Phone #: **305-588-2344**