

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90275 047 ***150.00

DOCUMENT # P03000141641

1. Entity Name
PALMERAS FINANCIAL SERVICES, INC.



Principal Place of Business
105 N SUMMIT ST
CRESCENT CITY, FL 32112

Mailing Address
105 N SUMMIT ST
CRESCENT CITY, FL 32112

50005953



2. Principal Place of Business

253 Denver Road

Suite, Apt. #, etc.

3. Mailing Address

5000 Hudson Bend Rd

Suite, Apt. #, etc.

03102006

Chg-P

CR2E034 (11/05)

City & State

CRESCENT CITY, FL

City & State

AUSTIN, TX

4. FEI Number

75-3138781

Applied For

Not Applicable

Zip

32112

Country

Putman

Zip

78734

Country

Travis

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAENFLER, JAMES
20 N SUMMIT ST
CRESCENT CITY, FL 32112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BENITEZ, ENRIQUE
105 N SUMMIT ST
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
BENITEZ, AIDA
105 N SUMMIT ST
CRESCENT CITY, FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Benitez Aida Benitez

3/16/06 512-266-1003

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR