


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90253 001 \*\*\*150.00

04-26-2005 90253 002 \*\*\*\*\*8.75

<b>DOCUMENT # P04000050391</b>	
1. Entity Name <b>PALACEA CORPORATION</b>	

Principal Place of Business <b>7991 W 28TH AVE HIALEAH, FL 33016</b>	Mailing Address <b>7991 W 28TH AVE HIALEAH, FL 33016</b>
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2. Principal Place of Business <b>1600 Lejeune Rds</b> Suite, Apt. #, etc. <b>#10</b>	3. Mailing Address <b>1600 Lejeune Rds</b> Suite, Apt. #, etc. <b>#10</b>
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City & State <b>Coral Gable</b>	City & State <b>Coral Gable</b>
Zip <b>FL 33134</b>	Country <b>Dade</b>



04202005 Chg-P CR2E034 (10/03)

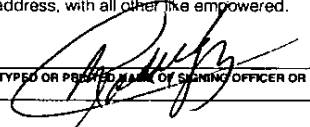
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	
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7. Name and Address of New Registered Agent Name <b>Justing R. Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Lejeune Rds</b> City <b>Coral Gable</b> FL Zip Code <b>33134</b>	
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 <b>Justing R. Rodriguez</b> <b>PSTD</b> <b>04/20/05</b> <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when changing)</small> <small>DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RODRIGUEZ, JUSTINA R 7991 W 28TH AVE HIALEAH, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>04/20/05 (786.587.5805)</b> <small>Date Daytime Phone #</small>
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