

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000063825

Entity Name: EL PALACIO, INC.

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3521 NW 8TH AVE  
#9  
POMPAHO BCH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

811 SW 14 COURT  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 52-2444837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAXMAN, JOHN T  
1832 N DIXIE HWY  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OCHOA, CARLOS  
Address: 811 SW 14 COURT  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: DIAZ, YOLANDA  
Address: 811 SW 14 COURT  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA DIAZ

D

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date