

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000099762

**Entity Name:** PALM ROYAL SHOPPING CENTER, INC.

**FILED**  
**Feb 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

5256 SW SAVAGE ST.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

5256 SW SAVAGE ST.  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 13-4283662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VULPETTI, JAMES  
5256 SW SAVAGE ST.  
PALM CITY, FL 34990 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

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: VULPETTI, JAMES  
Address: 5256 SW SAVAGE ST.  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VP ( ) Change (X) Addition  
Name: VULPETTI, OLGA M  
Address: 5256 SW SAVAGE ST  
City-St-Zip: PALM CITY, FL 34990

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: JAMES VULPETTI

PRES

02/29/2008

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

\_\_\_\_\_  
Date