

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 030 ***150.00

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|---|---|---|---|
| DOCUMENT # P04000147478 1. Entity Name PALM ISLAND CONSTRUCTION, INC. | | | |
| Principal Place of Business 3550 NW 97TH TERR. CORAL SPRINGS, FL 33065 | | Mailing Address 3550 NW 97TH TERR. CORAL SPRINGS, FL 33065 | |
| 2. Principal Place of Business 3550 NW 97TH TERR. | | 3. Mailing Address Same | |
| Suite, Apt. #, etc. CORAL SPRINGS | | Suite, Apt. #, etc. | |
| City & State FL | | City & State | |
| Zip 33065 | | Country US | |
| 4. FEI Number 20-1800359 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRIGORE, CIRSTEIA 3550 NW 97TH TERR. CORAL SPRINGS, FL 33065 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <u>Cirstea Grigore</u> CIRSTEIA GRIGORE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Cirstea Grigore 3550 NW 97TH TERR. CORAL SPRINGS FL 33065 | <input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">P</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Vasile Grigore 3550 NW 97TH TERR. CORAL SPRINGS FL 33065 | <input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">V.P</div> | 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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| 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. | | | |
| SIGNATURE: <u>Cirstea Grigore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>01-05-05</u> (954) 346-6594 <small>Daytime Phone #</small> | |