## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jun 16, 2006 8:00 am **Secretary of State DOCUMENT # P05000005397** 05-01-2006 90452 020 \*\*\*150.00 LA PALMA REAL ESTATE, INC. Principal Place of Business Mailing Address 1495 S. VOLUSIA AVE., SUITE 201 1495 S. VOLUSIA AVE., SUITE 201 66019183 **ORANGE CITY, FL 32763** ORANGE CITY, FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 65-1282353 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSARIO, CARMELO A Street Address (P.O. Box Number is Not Acceptable) 1495 S. VOLUSIA AVE., SUITE 201 **ORANGE CITY, FL 32763** City 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 4/28/06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change ☐ Addition BOSARIO CHRMEG A. FORESTER, LUZMILA A NAME NAME STREET ADDRESS 921 CAREY DR. STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA, FL 32119 COTY-SI-70P VPST TITLE MILE Delete Change : ■ Addition BOSARIO CARMELOA. ROSARIO, CARMELO A NAME 145 MALLARD LN 961 PELICAN BAY DR. STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32119 CITY-ST-ZIP CITY-ST-ZE DAYTONA BRACKFL 32119 TITLE Addition ☐ Delete UDF ☐ Change ROSARIO, CARMELO A 961 PELICAN BAY DR. STREET ADORESS STREET ADDRESS DAYTONA BEACH, FL 32119 CITY-ST-ZIP CITY-ST-ZP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST- ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 each; 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

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED