

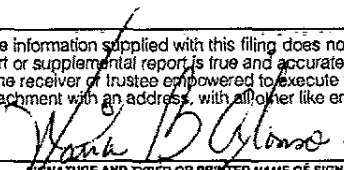


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000030441		
<small>1. Entity Name</small> C.A. SOUTH FLORIDA PALMS, INC.		
<small>Principal Place of Business</small> 15386 SW 57TH STREET MIAMI, FL 33193	<small>Mailing Address</small> 15386 SW 57TH STREET MIAMI, FL 33193	
DO NOT WRITE IN THIS SPACE		 02052007 No Chg-P CR2E034 (11/05)
<small>4. FEI Number</small> 59-3796879		<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		\$8.75 Additional Fee Required
<small>6. Name and Address of Current Registered Agent</small>		
ALONSO, CARLOS 15386 SW 57TH STREET MIAMI, FL 33193		DO NOT WRITE IN THIS SPACE
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> _____ <small>DATE</small> _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000628762 02/16/07-80030-002 150.00
<small>TITLE</small>	<small>NAME</small> PD ALONSO, CARLOS	DO NOT WRITE IN THIS SPACE
<small>STREET ADDRESS</small>	15386 SW 57TH STREET	
<small>CITY-ST-ZIP</small>	MIAMI, FL 33193	
<small>TITLE</small>	<small>NAME</small> VD ALONSO, MARIA B	
<small>STREET ADDRESS</small>	15386 SW 57TH STREET	
<small>CITY-ST-ZIP</small>	MIAMI, FL 33193	
<small>TITLE</small>	<small>NAME</small>	DO NOT WRITE IN THIS SPACE
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	
<small>STREET ADDRESS</small>		
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<small>TITLE</small>	<small>NAME</small>	DO NOT WRITE IN THIS SPACE
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>12. I hereby certify that the information supplied with this filing 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 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.</small>		
SIGNATURE: 		<small>Date</small> _____ <small>Daytime Phone #</small> _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		