

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 028 \*\*\*150.00

<b>DOCUMENT # P05000041725</b>					
<b>1. Entity Name</b> PALMCREST HOMES, INC.					
<b>Principal Place of Business</b> 7901 SW 67 AVE STE 206 MIAMI, FL 33143			<b>Mailing Address</b> 7901 SW 67 AVE STE 206 MIAMI, FL 33143		
<b>2. Principal Place of Business</b> 540 BRICKELL KEY DRIVE Suite, Apt. #, etc. 1718		<b>3. Mailing Address</b> 540 BRICKELL KEY DRIVE Suite, Apt. #, etc. 1718			
City & State Miami Florida		City & State Miami Florida		<b>4. FEI Number</b> 20-2510960	
Zip 33131		Country U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUDD, AUBREY G 7901 SW 67 AVE STE 206 MIAMI, FL 33143			<b>7. Name and Address of New Registered Agent</b> Name: Jose M. Lamadrid Street Address (P.O. Box Number is Not Acceptable): 540 BRICKELL KEY DRIVE # 1718 City: Miami FL Zip Code: 33131		
<b>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.</b> SIGNATURE: <i>[Signature]</i> <i>Jose M. Lamadrid</i> 1/24/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMADRID, PEDRO F 8540 SW 98 AVENUE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LAMADRID, JOSE M 540 BRICKELL KEY DR. #1718 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD QUESADA, JUAN C 16479 SW 98 TERRACE MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>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 duly empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <i>Jose M. Lamadrid</i> 1/24/06 786-2870426 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					