

2007 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90008 018 \*\*\*150.00

**DOCUMENT #** P05000066771

1. Entity Name

Paladin Services, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1835 E. Hallandale

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Beach Blvd., #617

Suite, Apt. #, etc.

City & State  
Hallandale, FL

City & State

Zip  
33009

Country

Zip

Country

40048782

CR2E034B (8/05)

4. FEI Number  
59-3807702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Henry Dean, C.P.A., P.A.  
Street Address (P.O. Box Number is Not Acceptable)

251 Dixie Blvd.

City  
Delray Beach, FL Zip Code  
33444

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Liviu G. Palincas, President  
1835 E. Hallandale Beach  
Blvd., #617  
Hallandale, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Valer C. Pop, V.P.  
1835 E. Hallandale Bch. Blvd.  
#617  
Hallandale, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vasile Latis Palincas, Secy.  
1624 Van Buren Street  
Hollywood, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

954-477-7125

Daytime Phone #