

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000079471

1. Entity Name
SOUTH PALM CORPORATION



Principal Place of Business
3545 SOUTH OCEAN BLVD.
APT #302
SOUTH PALM BEACH, FL 33480

Mailing Address
3545 SOUTH OCEAN BLVD.
APT #302
SOUTH PALM BEACH, FL 33480



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2255147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VISCIONE, PAUL A
3545 SOUTH OCEAN BLVD.
APT #302
SOUTH PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000606144
01/30/07-80067-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VISCIONE, PAUL A
STREET ADDRESS	3545 SOUTH OCEAN BLVD. APT #302
CITY- ST- ZIP	SOUTH PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

Paul A. Viscione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. VISCIONE 1-20-07 561-451-3331
PRES

Date

Daytime Phone #