

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05000085947 1. Entity Name THREE PALMS CENTER, INC.	
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Principal Place of Business 2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477	Mailing Address 2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3030588	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRODY, ROBERT
1601 FORUM PL
STE 1101
WEST PALM BEACH, FL 33401**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMER, ROBERT L 488 MADISON AVE 16TH FLOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMER, ROBERT L 488 MADISON AVE, 16TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FROMER, TONY 5 POND ST KINGS PT, NY 11024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT PROTTING, NORMA 2141 ALTERNATE A-1-A S. STE. 330 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/14/08-80014-001 150.00

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.

SIGNATURE: Norma L. Protting, V. Pres. **1/8/08** **561-575-4771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #