

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125919

FILED
May 01, 2006
Secretary of State

Entity Name: PALMERAS AT SAVANNA LTJ, CORP.

Current Principal Place of Business:

C/O ROTH ROUSSO KATSMAN & SCHNEIDER, LLP
18851 NE 29TH AVENUE STE 900
AVENTURA, FL 33180

New Principal Place of Business:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

Current Mailing Address:

C/O ROTH ROUSSO KATSMAN & SCHNEIDER, LLP
18851 NE 29TH AVENUE STE 900
AVENTURA, FL 33180

New Mailing Address:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

FEI Number: 20-3546010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ
C/O ROTH ROUSSO KATSMAN & SCHNEIDER, LLP
18851 NE 29TH AVENUE STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RIOS, LEOPOLDO J
CPC ACCOUNTING SERVICES
11904 MIRAMAR PKWY
MIRAMAR, FL 33025 US

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.

SIGNATURE: RIOS LEOPOLDO

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CAPRI, LUIS G
Address: 18851 NE 29TH AVENUE STE 900
City-St-Zip: AVENTURA, FL 33180

Title: DVS () Delete
Name: BARANDIARAN, IDOIA
Address: 18851 NE 29TH AVENUE STE 900
City-St-Zip: AVENTURA, FL 33180

Title: DTS () Delete
Name: GARCIA, JOSE M
Address: 18851 NE 29TH AVENUE STE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAPRI LUIS

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date