

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 016 ***150.00

DOCUMENT # P05000135158

1. Entity Name
REEFPAL, INC.



Principal Place of Business
C/O 2755 E. OAKLAND PARK BLVD.
SUITE 300
FT. LAUDERDALE, FL 33306

Mailing Address
C/O 2755 E. OAKLAND PARK BLVD.
SUITE 300
FT. LAUDERDALE, FL 33306

40067111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. 2210
20335 W. Country Club Dr
City & State
Aventura FL

Suite, Apt. #, etc. 2210
20335 W. Country Club Dr
City & State
Aventura FL

04092008 Chg-P CR2E034 (12/06)

Zip 33180

Country

Zip 33180

Country

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL J. LANE, ESQ.
2755 E. OAKLAND PARK BLVD.
SUITE 300
FT. LAUDERDALE, FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME SOLOW, LYNNE ☐ Delete
STREET ADDRESS C/O 2755 E. OAKLAND PARK BLVD. SUITE 300
CITY-ST-ZIP FT. LAUDERDALE, FL 33306

TITLE ☒ Change ☐ Addition
NAME 20335 W. Country Club Dr # 2210
STREET ADDRESS Aventura, FL 33180
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lynne Solow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/08