## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

MAIN, FL 33144   Subset   Su	DOCUMENT # P05000152337  1. Entity Name GREC PALM MANAGEMENT INC.						04-17-2006	90358 005 ***15	0.00	
2. Principal Place of Business   3. Mailing Address   2. Sinte, Apt. 4, etc.   2023/2006   Chg-P   CR2E034 (11/05)    Suffer, Apt. 4, etc.   2023/2006   Chg-P   CR2E034 (11/05)    City & State   City & State   2. Sinte, Apt. 4, etc.   2. Sinte, Address of New Registered Agent   2. Sinte, Address of New Registered	Principal Place of Business Mailing Address					] · ·				
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City & State    Country   Country   Country   Speciation   Section										
Zip Country Zip Country Size Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032006	Chg-P	CR2E034 (11/05)		
Country	City & State		City & State	City & State		4. FEI Number		., —	<del></del> -	
Street Address of New Registered Agent   Street Address of New Registered Agent   Name	Zip	Country Zip Cou		Cour	itry	5. Certificate		□ \$8.75 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6." Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R			
Sire Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, tyred of pritted name of registered agent and title if acokazie.	8500 SW 8TH STREET, SUITE 238				Street Address (P.O. Box Number is Not Acceptable)					
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, toped or pursied name of registered agent and tilled a pooleaselve. [MOTE Registered Agent separature required when servature).  PILE NOWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  IIILE DHERRAN. AGUSTIN B500 SW 8TH STREET, SUITE 228 MIAMI, FL 33144    Detele										
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  Signatur					City			FL Zip Cod	е	
SIGNATURE  Signature, typed of preted rame of registered agent and late if apokeable. INOTE Registered Agent sequend when recutainty)  PLE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE MAKE SIREET ADDRESS OITY-ST-2P  TILE MAKE SIREET ADDRESS OITY-ST-2P  TI	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								and accept	
NOTE   Register Appeal on printed name of registered appeal and letter if accidatable.   NOTE   Registered Appeal signature required when resistativity)   SPACE										
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   D   HERRAN, AGUSTIN   STREET ADDRESS   STREET ADDRESS   CITY-S1-2IP    TITLE   NAME	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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12. Thereby certify that the information supplied with this filling 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 than the province of the corporation of the receiver or trustee empowered.

SIGNATURE:

WATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE POR DIRECTOR PLANE

4/4/01/04 35-262-6533 Dayline Prone #