


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90057 005 ***150.00

DOCUMENT # P05000158778	
1. Entity Name SUNDANCE ENTERPRISES OF PALM BEACH, INC.	

Principal Place of Business 187 YALE DRIVE LAKE WORTH, FL 33460	Mailing Address 187 YALE DRIVE LAKE WORTH, FL 33460
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2. Principal Place of Business - No P.O. Box # 309 North 3rd Ave	3. Mailing Address P.O. Box 1146
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33460	Zip 33460
Country USA	Country USA



03292007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0762124		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTILLO, LAURA M 187 YALE DRIVE LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Soriano, Amin Street Address (P.O. Box Number is Not Acceptable) 309 North 3rd Ave City Lake Worth FL Zip Code 33460	

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 *Soriano, Amin* DATE *3/29/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, LAURA M 187 YALE DRIVE LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORIANO, AMIN 187 YALE DRIVE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Amin Soriano* **3-29-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #