2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

DOCUMENT # P06000051725 1. Entity Name PAŁM VIEW PLAZA., INC.					03-19-2007 90098 029 ***158.75				
Principal Place	e of Business		.~~	-					
4640 PALM /	Mailing Address 4640 PALM AVENUE	·							
HIALEAH, FL		HIALEAH, FL 33012							
						PRING SHIP MEM POIN MIN		. 19810 MBF 811	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Numbe	48313	33		plied For t Applicable
Zip	:Country	Zip Coun		try				8.75 Add	
	,,,,,			•	5. Certificate of Status Desired Fee Required				
	Registered Agent	·		7. Name and	Address of New Re	gistered A	gent		
·		Name							
OCNER, BENJAMIN 5. / 4640 PALM AVENUE: .				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH,		0.000.0000							
TIMEENI, TE 330)2									
	:			City			FL	Zip Code	9
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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.									
1.									
SIGNATURE Signature, hybrid or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
organizer, special prince in registered again and time is appreaded.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	I DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE			FITLE					☐ Change	Addition
NAME	OCNER, BENJAMIN			E					
STREET ADORESS				ET ADDRESS					i i
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAM	ET ADORESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE			TITLE					☐ Change	Addition
NAME		<u> </u>	NAMI						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	:				Change	☐ Addition
NAME			NAMI						-
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	☐ Delete TITL			:				Change	Addition
NAME	NA			ε				-	
STREET ADORESS			STRE	ET ADORESS					
CITY-ST-ZIP				-ST-ZIP				<u>.</u>	
12. I hereby 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 entire and page of the country and that my signature shall have the same level affect as it made under eath; that the man of the country is the country of the country									
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 export is the 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 effustee empowered to expected 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 edgess, with all other like empowered.									
Changed, or on an palacitudin with at reactess, trained into employed ad.									
SIGNATURE: Benjamin Ocner 2/15/07									

AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR