


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000077718 1. Entry Name PALAB FLORIDA, INC.	
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Principal Place of Business 866 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	Mailing Address 866 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1298428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTH, JEFFREY C 866 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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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.		
SIGNATURE _____	<small>(NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE	D
NAME	TAVEL, JOHN
STREET ADDRESS	866 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	TAVEL, SUNNY
STREET ADDRESS	866 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/08-80045-017 150.00

DO NOT WRITE IN THIS SPACE

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 another like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>mm/dd/yy</i> 12/08	Daytime Phone: <i>6137839606</i>