

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000073309

1. Entity Name  
PALM BEACH LEASE WAY, CORP.



**FILED  
Sep 11, 2008 8:00 am  
Secretary of State**

09-11-2008 90015 001 \*\*\*150.00

09-11-2008 90015 002 \*\*\*\*\*8.75

09-11-2008 90015 003 \*\*\*\*\*5.00

**66016488**



09042008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Charles V. Mercurio (PRES)***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-08 561-635-7851

Date

Daytime Phone #

CHARLES V. MERCURIO

PALM BEACH LEASE WAY, CORP.  
2370 TAYLOR LANE  
WEST PALM BEACH, FL 33415

**ATTACHMENT**

8/26/08

66016488

# P0700007339

TO DIVISION of CORPORATIONS

PLEASE FIND A CHECK FOR \$150.00 FOR OUR FILING  
FEE I UNDERSTAND I AM TO FILE AN ANNUAL REPORT  
I HAVE NOT RECEIVED AN ANNUAL REPORT FORM FROM  
YOUR OFFICE AS OF YET. IF YOU COULD PLEASE SEND  
ME ONE I WILL COMPLETE IT AND SEND IT TO YOUR OFFICE  
AS SOON AS I RECEIVE IT.

THANK YOU.

*Ch R*

NEW PHONE # 561-635-7851