2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101068

Name:

Address:

City-St-Zip:

FORTE, LISA

4740 YARDARM LANE

BOYNTON BEACH, FL 33436 US

Entity Name: FORTE OF PALM REACH COLINITY INC.

FILED Jun 05, 2008 Secretary of State

Littly Han	ile. FORTE	OFFALI	I BLACH COONTT, INC	ر.				
Current Principal Place of Business:					New Principal Place of Business:			
SUITE 150	LITARY TRAI				9804 S. MILITARY TRAI SUITE E5 BOYNTON BEACH, FL		FI	
Current Mailing Address:					New Mailing Address:			
SUITE 150	LITARY TRAI ON, FL 3343	31 FL	ımber Applied For()	FFI Nur	9804 S. MILITARY TRAI SUITE E5 BOYNTON BEACH, FL	33436	FL ate of Status Desired ()	
			., ,,	r El Null	,		, ,	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
WEINTRAUB, PETER B 2650 N. MILITARY TRAIL SUITE 150 BOCA RATON, FL 33431 US					FORTE, JOY 9804 S. MILITARY TRAIL SUITE E5 BOYNTON BEACH, FL 33436 US			
The above in the State		submits	this statement for the pu	urpose o	f changing its registered	office or r	registered agent, or bot	th,
SIGNATURE: JOY FORTE					06/05/2008			
	Electro	nic Signa	ature of Registered Ager	nt			Date	_
			.S., the corporation did not und Contribution ().	receive t	he prior notice.			
OFFICERS	AND DIREC	CTORS:			ADDITIONS/CHANGES	TO OFF	FICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	P,D (FORTE, JOY 4740 YARDAR BOYNTON BE		3436 US		Title: (Name: Address: City-St-Zip:) Change	() Addition	
Title: Name: Address: City-St-Zip:	T, D (CLARK, MICH. 4740 YARDAR BOYNTON BE	RM LANE	3436 US		Title: (Name: Address: City-St-Zip:) Change	() Addition	
Title:	S, D ()	() Delete			Title: () Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOY FORTE **PRES** 06/05/2008

() Change () Addition