

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90099 040 \*\*\*158.75

**DOCUMENT # P93000055716**

1. Entity Name  
**PALM BEACH LANDMARK PROPERTIES, INC.**



Principal Place of Business  
**205 WORTH AVE  
SUITE 201  
PALM BEACH, FL 33480**

Mailing Address  
**44 COCONUT ROW  
APT. B-301  
PALM BEACH, FL 33480**

**50011035**



04092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0476278**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCH, JAY I  
44 COCONUT ROW, #B-301  
PALM BEACH, FL 33480**

Name **LINDA HIRSCH**  
Street Address (P.O. Box Number is Not Acceptable)  
**44 COCONUT ROW, #B-301**  
City **PALM BEACH** FL Zip Code **33480**

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.

**LINDA HIRSCH**  
SIGNATURE

*Linda Hirsch*

**4/7/06**  
DATE

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **DPS**  
STREET ADDRESS **MARSHALL, NANCY**  
CITY-ST-ZIP **525 SOUTH FLAGLER DR #10C  
WEST PALM BEACH, FL 33401**

TITLE  
NAME **LINDA HIRSCH**  
STREET ADDRESS **44 COCONUT ROW, #B-301**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE  
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CITY-ST-ZIP

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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: *Linda Hirsch* **LINDA HIRSCH** **4/7/06** **561/655-3830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #