## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P94000058875 1. Entity Name PALADIN CAPITAL CORP. \_\_ Mailing Address Principal Place of Business, **48 EAST FLAGLER STREET 48 EAST FLAGLER STREET** PH-104 PH-104 MIAMI, FL 33131 US MIAMI, FL 33131 US No Chg-P CR2E034 (10/03) 04082005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0576778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A STREET OF THE STREET MOSKOVITZ, DANIEL DO NOT WRITE EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER ST., PH-104 IN THIS SPACE MIAMI, FL 33131 \_ 8. The above pamed: titly 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 obligation of the control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the control of the contro SIGNATURE Stocation, type 3, yes feet name or registered agent and title of applicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 04/30/05-80098-014 150.00 PD TITLE NAME GROSMAN, BEN STREET ADDRESS 616 NORTH ISL DR. NORTH MIAMI BEACH, FL 33160 CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS

GRATURE AND TYPED OMPRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

APR 20/05 (305)371-2248

FILED