2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P9400060815 1. Entity Name MUVICO PALM HARBOR, INC.									FILED 07 00T -5 PM 12: 44					
Principal Place of Business 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306				Mailing Address 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306						AHASSEE				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #,			09192007	Chg-P	CR2E	034 (12/06)				
City & State				City & State				4. FEI Number 59-3276647				1	plied For Applicable	
Zip	Country			Zip		Country			5. Certificate	of Status Desi	red 🔲	\$8.75 Add Fee Required		
6. Name and Address of Current Registered					Name				7. Name and Address of New Registered Agent					
OLANDER, DOANLD E 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306						-			tte E. Nickel ss (P.O. Box Number is Not Acceptable) N. Federal Highway, Suite 601					
							City Fort	Lau	derdale	, 111,	F	Zin Con	6	
	n med entit ions of regis	y submits this statem ered agent.	ent for the	purpose of ci	nanging its re	gistere	d office or re	egister	ed agent, or bo	th, in the State	of Florida. I an	n familiar with,	and accept	
SIGNATURE Signy in poed or printed name of registered agent and bite it applicable. (NOTE: Registered Agent signature (equated when teinstalling) DATE														
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.									00 May Be ad to Fees					
10.	OFFICERS AND DIRECTORS 1									L /CHANGES TO		D DIRECTORS	SIN 11	
TITLE NAME	PD Signal Delete WHALEN, MICAHEL JR.					TITLE			resident & Director: X Change Addition . Hamid Hashemi					
STREET ADDRESS CITY - ST - ZIP	3101 N. FEDERAL HIGHWAY, SIXTH FLOOR FORT LAUDERDALE, FL 33306						ET ADDRESS ST-ZIP	21	Compass Island Lauderdale,FL 33308					
NAME STREET ADDRESS CITY-ST ZIP	V A Delete RAINBEAU, ALAN 3101 N. FEDERAL HIGHWAY, SIXTH FLOOR FORT LAUDERDALE, FL 33306							Vic Mic 420	ce Pres. & Director \(\) Change \(\) Addition \(\) Addition \(\) Change \(\) Addition \(\)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete							Jos 310	rector					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(110/8			Delete		I			7001 09/070		□ Change 1 1 8 7 11 **61	□ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP					Delete							☐ Change	Addition .	
TITLE HAME STREET ADDRESS CITY ST-ZIP					Delete		1					☐ Change	Addition	
12. Thereby 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: 9/20/07 954-565-1411 SIGNATURE: 09/20/07 954-565-1411 Date: 09/20/07 09/07/07/07/07/07/07/07/07/07/07/07/07/07/												1411		
		JUNETI	. U. D	411010	, ~									