2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P94000067029 1. Entity Name PALM BEACH 2000, INC. Principal Place of Business Mailing Address DACAR MANAGEMENT LLC DACAR MANAGEMENT LLC 336 DANIA BEACH BLVD 336 DANIA BEACH BLVD DANIA, FL 33004 Dania, Fl 33004 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0523007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA-VELEZ, CARLOS DO NOT WRITE C/O DACAR MANAGEMENT LLC 336 DANIA BEACH BLVD IN THIS SPACE **DANIA, FL 33004** 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. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MICHA, ALBERTO NAME STREET ADDRESS 336 DANIA BCH BLVD CITY-ST-ZIP **DANIA, FL 33004** 1100000540035 05/10/06-80001-013 158.75 TITLE NAME MICHA, MOISES STREET ADDRESS 336 DANIA BCH BLVD CITY-ST-7IP **DANIA, FL 33004** TITLE NAME MICHA, DAVID STREET ADDRESS 336 DANIA BCH BLVD DO NOT WRITE CITY-ST-ZIP DANIA, FL 33004 IN THIS SPACE TITLE MICHA, ALFREDO NAME STREET ADDRESS 336 DANIA BCH BLVD City-St-2iP **DANIA, FL 33004** TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-927-4885 Devtime Phone