## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000067029

1. Entity Name PALM BEACH 2000, INC.



04-23-2007 90089 009 \*\*\*158.75

**FILED** 

Apr 23, 2007 8:00 am Secretary of State

Principal Place of Business

DACAR MANAGEMENT LLC 336 DANIA BEACH BLVD DANIA, FL 33004 US Mailing Address

DACAR MANAGEMENT LLC 336 DANIA BEACH BLVD DANIA, FL 33004 US



04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0523007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

4-12-07 954-927-4886

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

GARCIA-VELEZ, CARLOS C/O DACAR MANAGEMENT LLC 336 DANIA BEACH BLVD DANIA, FL 33004

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 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  |  |   |               |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |               |  |  |  |
| 10.  | OFFICERS AND DIRECTORS                                       |   |               |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>MICHA, ALBERTO<br>336 DANIA BCH BLVD<br>DANIA, FL 33004 |   |               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MICHA, MOISES<br>336 DANIA BCH BLVD<br>DANIA, FL 33004 |   |               |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>MICHA, DAVID<br>336 DANIA BCH BLVD<br>DANIA, FL 33004   |   | DO NOT WRITE  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MICHA, ALFREDO<br>336 DANIA BCH BLVD<br>DANIA, FL 33004 |   | IN THIS SPACE |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ٠.   |   |               |  |  |  |
| TITLE .  |  |   | 1             |  |  |  |
| NAME   |  |   |               |  |  |  |
| STREET ADDRESS   |  |   |               |  |  |  |
| CITY-ST-ZIP  |  |   | I             |  |  |  |
| 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. |  |   |               |  |  |  |