## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

PALM BEACH 2000, INC.



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



04012008

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

6. Name and Address of Current Registered Agent

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

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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. Nyped or printed name of registered agent and title if applicable (NOTE: Registered Agent agenture required when reinstating)  DATE											
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.		\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHA, ALBERTO 336 DANIA BCH BLVD DANIA, FL 33004				U00000930073						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHA, MOISES 336 DANIA BCH BLVD DANIA, FL 33004				05/21/08-80095-005 158.75						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHA, DAVID 336 DANIA BCH BLVD DANIA, FL 33004				OO NOT WRITE						
TITLE NAME STREET ADDRESS CITY ST-ZIP	T MICHA, ALFREDO 336 DANIA BCH BLVD DANIA, FL 33004	· • • • • • • • • • • • • • • • • • • •		IN .	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	٠							
NAME STREET ADDRESS CITY-ST-ZIP											

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

954-927-4885

Daylims Phone #