## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SI 3NATURE

## May 20, 2005 8:00 am Secretary of State DOCUMENT # P95000040166 1. Entity Name 05-20-2005 90033 023 \*\*\*150.00 PALMERO INC. Prin ipal Place of Business Mailing Address 2800 E COMMERCIAL BLVD 28( ) E COMMERCIAL BLVD #2.8 #208 FT. LAUDERDALE, FL 33308 FT. AUDERDALE, FL 33308 2. f incipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) ( ity & State City & State 4. FEI Number Applied For 65-0492038 Not Applicable Zip Country Źр Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name<sup>\*</sup> KA Z, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 2800 E COMMERCIAL BLVD ST:208 FT LAUDERDALE, FL 33308 City Zip Code 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 tile obligations of registered agent. SIG IATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees i fter May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change HANS WOLFGANG DIEL NAME NAME 2800 E COMMERCIAL BLVD #208 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY- .T-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NADIA CHRISTIANE DIEL NAME NAME 2800 E COMMERICAL BLVD #208 STREET ADDRESS STREE ADDRESS CITY-ST-ZIP CITY- IT-7IP FORT LAUDERDALE, FL 33308 ☐ Delete TITLE Change | ☐ Addition TITLE DIEL, CHRISTIAN NAME NAME STREE 'ADDRESS 2800 E. COMMERCIAL BLVD., #208 STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY- (T-7)P CITY-ST-7IP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREE \* ADDRESS STREET ADDRESS CITY- IT-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAMI NAME STREET ADDRESS STRE: "ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMI NAME STREL ( ADDRESS STREET ADORESS CITY IT-ZIP CITY-ST-ZIP 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 ndicated 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.

**FILED**