2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000060903

1. Entity Name
PALM TOWERS SOUTH, INC.

Principal Place of Business	Mailing Address
1351 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	1351 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

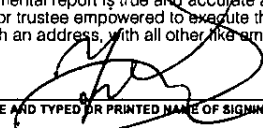| 4. FEI Number		Applied For
65-0604209		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUDELMAN, JOSEPH
1351 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33313

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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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUDELMAN, JOSEPH
STREET ADDRESS	1351 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	ST
NAME	NUDELMAN, NORMA
STREET ADDRESS	1351 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80086-016 150.00

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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: _____ JOSEPH NUDELMAN-01/10/2008 954.835-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #