

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000089607

1. Entity Name

KIMCO WEST PALM BEACH 633, INC.



Principal Place of Business

3333 NEW HYDE PARK ROAD
 SUITE 100
 NEW HYDE PARK NY 11042-0020

Mailing Address

POST OFFICE BOX 5020
 NEW HYDE PARK NY 11042-0020



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0642317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	SCHINDLE, MICHAEL	3333 NEW HYDE PARK ROAD, SUITE 100	NEW HYDE PARK NY 11042-0020	<input type="checkbox"/>
D	COOPER, MILTON	3333 NEW HYDE PARK ROAD, SUITE 100	NEW HYDE PARK NY 11042-0020	<input type="checkbox"/>
P	FLYNN, MIKE	3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	<input type="checkbox"/>
V	PAPPAGALLO, MIKE	3333 NEW HYDE PK RD.	NEW HYDE PK. NY 11042	<input type="checkbox"/>
T	COHEN, GLENN	3333 NEW HYDE PK. RD.	NEW HYDE PK. NY 11042	<input type="checkbox"/>
V	YARMAK, JOEL I	3333 NEW HYDE PK. RD.	NEW HYDE PK. NY 11042	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
 4-27-05 5181991