

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000024499

1. Entity Name
PALM GROUP, INC.



Principal Place of Business
**1601 NW 119 ST
WESTAR SERVICE STATION
NO MIAMI, FL 33167 US**

Mailing Address
**1601 NW 119 ST
WESTAR SERVICE STATION
NO MIAMI, FL 33167 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0650478

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**ROSARIO, JOSE
1601 NW 119 ST
WESTAR SERVICE STATION
NO MIAMI, FL 33167**

**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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSARIO, JOSE
STREET ADDRESS	1601 NW 119TH STREET
CITY ST ZIP	NO MIAMI, FL 33176

TITLE	VP
NAME	ROSARIO, DANILO
STREET ADDRESS	1601 NW 119 ST
CITY ST ZIP	NO MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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NAME	
STREET ADDRESS	
CITY ST ZIP	

UD00000213853
02/03/05-80088-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if 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