


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 024 ***150.00

DOCUMENT # P96000024499 1. Entity Name PALM GROUP INC																															
Principal Place of Business 1601 NW 119 ST NO. MIAMI FL 33167		Mailing Address 1601 NW 119 ST NO. MIAMI FL 33167																													
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																													
City & State Zip		City & State Zip																													
Country		Country																													
4. FEI Number 450650478		<table border="1" style="width:100%;"> <tr> <td style="width:50%;">Applied For</td> <td style="width:50%;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																										
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5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent JOSE ROSARIO 1601 NW 119 ST NO. MIAMI FL 33167		7. Name and Address of New Registered Agent 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 JOSE ROSARIO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%;"> DELETE <input type="checkbox"/> </td> </tr> <tr> <td> PRESIDENT ROSARIO JOSE 1601 NW 119 ST NO. MIAMI FL 33167 </td> <td> <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE <input type="checkbox"/> </td> </tr> <tr> <td> VICE PRESIDENT ROSARIO DANILLO 1601 NW 119 ST NO. MIAMI FL 33167 </td> <td> <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> DELETE <input type="checkbox"/> </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	PRESIDENT ROSARIO JOSE 1601 NW 119 ST NO. MIAMI FL 33167	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	VICE PRESIDENT ROSARIO DANILLO 1601 NW 119 ST NO. MIAMI FL 33167	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%;"> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
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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: JOSE ROSARIO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		05/01/07 (305) 6970613 <small>Date Daytime Phone #</small>																													