

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000091439

1. Entity Name

PALM HAMMOCK ORCHID ESTATE, INC.

Seal of the State of Florida

Jan 31, 2005 08:00 AM

Secretary of State

Principal Place of Business

Mailing Address

9995 SW 66TH ST
MIAMI FL 33173

9995 SW 66TH ST
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0718028

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

Barcode

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, TIM
9995 SW 66TH ST
MIAMI FL 33173

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

Trust Fund Contribution

5.00 May Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY- ST- ZIP</div>	<div>D</div> <div>ANDERSON, TIM</div> <div>9995 SW 66TH ST</div> <div>MIAMI FL 33173</div> <div>Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY- ST- ZIP</div>	<div>000000206734</div> <div>02/01/05-80017-012 150.00</div> <div>Change</div> <div>Add</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY- ST- ZIP</div>	<div>D</div> <div>ANDERSON, ANN</div> <div>9995 SW 66TH ST</div> <div>MIAMI FL 33173</div> <div>Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY- ST- ZIP</div>	<div>Change</div> <div>Add</div>
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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)(i), 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:

Tim Anderson

01/18/05

305-274-9811