2005 FOR PROFIT CORPORATION

	ANNUAL N	EPUKI					
1. Entity Nar	JMENT # P9700008822 me PALM REALTY, INC.						·
Principal Pla	ce of Business N	Mailing Address		ĺ			
9021 TAFT	ST	9021 TAFT ST	*	}			
PEMBROKE	PINES, FL 33024	PEMBROKE PINES, FL 33024		}			
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DO NOT WRITE IN THIS SPACE				01182005 No Chg-P CR2E034 (10/03)  4. FEI Number			
	6. Name and Address of Current Regi	stered Agent					
HAZEN, ELLEN 3445 BUCHANAN STREET HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE				
C The above	e named entity submits this statement for the	number of changing its registers	d office or register	ad agest or ball	o in the Ctate of Fi	while I are foundles with	
the obliga	a named entry submits this statement for the tions of registered agent.	purpose of changing its registere	ea onice or registere	ed agent, or bou	n, in the State of Fit	orida. Tam tamiliar wit	n, and accept
							3-11
SIGNATURE.	<u>.</u> <u>.</u>		e en africa est 🕍		<u> </u>		<del></del>
	Signature, lyped or printed name of registered agent and libe	If applicable. (NOTE Registered	Agent signature, required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.		00 May Be			
10.	OFFICERS AND DIRE	CTORS					
TITLE	P						ł
NAME	HAZEN, ELLEN						
STREET ADDRESS	3445 BUCHANAN STREET		appeared to the control of the contr	11 <u>111</u> 11 122-1777 77877			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	حومفوه يون بالشائر	2- 22 -			191609 30180-013 15	
TITLE	( VP				01/24/05-{	30180-013 15	0. <u>00</u> {
NAME	KEILY, MILDRED						_
STREET AODRESS	252 NW 162 AVENUE						}
CITY-SY-ZIP	PEMBROKE PINES, FL 33028.	<u></u>					ļ
TITLE	1		l				1
NAME	{						-
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CITY-ST-ZIP			ľ		-		{
TITLE				IN T	'HIS SF	PACE	{
NAME ETREET ADDRESS							
Street address Ckty-St-Zip			+.: F7 : LL =				ĺ
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tiyle Name		į					}
name Street address		1			·	<u> </u>	- ' '
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TITLE		A STATE OF THE PARTY OF THE PAR					{
NAME .		į					
STREET ADDRESS							_
CITY-ST-ZIP	in Education of the	one kaj <u>su</u> n olavoj imilijak			-	The state of the s	
	ertify that the information supplied with this fi	ling does not qualify for the even	ption stated in Sect	tion 119.07(3)(I)	Florida Statutes 1	further certify that the	information
indicated	ertify that the information supplied with this fi on this report of supplemental report is true a poration or the tensity or trustee ampowere or on an attachment with an abdyess, with all	and accurate and that my signatu	re shall have the sa	me legal effect	as if made under o	ath; that I am an office	r or director
changed,	or on an attachment with an address, with all	other like empowered.	o by Chapter 607,	rionda Statutes,	and that my name	appears in Block 10 (	or Block 11 if
					1/2m -	371 VIII	1(CN)
SIGNAT					4100	151044	TKU
	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTO	R		date	Daytime Phone #	