


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 017 ***150.00

DOCUMENT # P98000018880

1. Entity Name
MEDLEY PALMS PARK, INC.




Principal Place of Business Mailing Address
9401 NW 106 ST **9401 NW 106 ST**
STE 101 **STE 101**
MEDLEY, FL 33178 **MEDLEY, FL 33178**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03312008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0861564 Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT ROBINSON, JR., P.A.
120 E PALMETTO PARK RD
STE 150
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **Robinson, Barnett, Jr., P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
21346 St. Andrews Blvd,
Suite 302
 City **Boca Raton** **FL** **33433**

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 **Barnett Robinson, Jr. P.A.** DATE **4/02/08**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	LARGAY, CHARELS E	
STREET ADDRESS	9401 NW 106 ST. #101	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KNOWLES, JANET	
STREET ADDRESS	9401 NW 106 ST. #101	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Janet Knowles, Assistant Secy Date: 04/10/08 Daytime Phone #: 305-885-2458

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

JANET KNOWLES, ASSISTANT SECRETARY