2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000055891 1. Entity Name					Secretary of State
PALM BE	EACH INVESTING CORP.		E CONTRACTOR OF THE CONTRACTOR		, 01 2
Principal Plac	ce of Business	Mailing Address			
PO BOX 3423 HALLANDALE FL 33008 US		PO BOX 3423 HALLANDALE FL 33008 US			う (名目   日日     版 (新版) (第6) (第5) (第5) (第5) (第5) (第5) (第5) (第5) (第5
2. Principal Place of Business		3. Mailing Address		·	
Suite, Apt #, etc		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0853581 Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent
BLA	ANDER, IRV				
21340 NE 23 COURT MIAMI FL 33180			5	Street Address (	P.O. Box Number is Not Acceptable)
				City	FL Zip Code
8. The above the obligat	named entity submits this statement tions of registered agent.	t for the purpose of changing it	s registered o	office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	OH) eldsc/logs it skit bns mo	TE. Registered Ag	ent signature required	when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
	k Payable to Florida Department		11.		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Make Checi 10.	k Payable to Florida Department OFFICERS AN	t of State	गार्ह		Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
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12. Energy certify that the information supplied with this filling 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 if changed, or on an attacking the statutes with an address. With all other like empowered.

SIGNATURE: XWHOUNDY IRV BLANDER

205/04

**FILED** 

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