
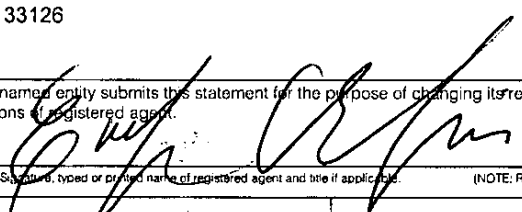
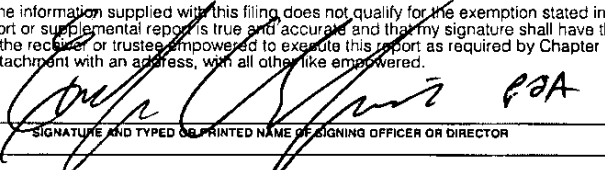


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90084 007 \*\*\*150.00

<b>DOCUMENT # P98000090878</b> 1. Entity Name <b>PALMTREE FINANCIAL SERVICE CORP.</b>					
Principal Place of Business <b>7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126</b>			Mailing Address <b>7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>7955 NW 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>DORAL, FLORIDA</b> Zip <b>33126</b>		3. Mailing Address <b>7955 NW 12TH STREET</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>DORAL, FLORIDA</b> Zip <b>33126</b>		04142005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0871063</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CHABONICK, EVELYN 7925 NW 12 ST SUITE 318 MIAMI, FL 33126</b>	
7. Name and Address of New Registered Agent Name <b>EVELYN CHAPONICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>7955 NW 12TH STREET</b> <b>SUITE 400</b> City <b>DORAL</b> <b>FL</b> Zip Code <b>33126</b>				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:  (NOTE: Registered Agent signature required when reinstating)    DATE:	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSTD ROCHA, HELIO 7925 NW 12TH STREET MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSTD HELIO ROCHA 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Date:    Daytime Phone #:					