2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P99000031178 **DOCUMENT #**

1. Entity Name

PALMA CH CORP.

SIGNATURE: _X



FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90131 001 ***158.75

Principal Place of Business 15165 NW 77 AVENUE SUITE 2002 MIAMI FL 33014	Mailing Address 15165 NW 77 AVENUE SU MIAMI FL 33014	UITE 2002	 	88182 NATA KIRKI KIRKI KRALIKIN KON
2. Principal Place of Business 14400 NW 77 COURT	3. Mailing Address 14400 NW	77 Th COURT		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3 00		CHECK HERE IF MA	AKING CHANGES
MIAMI LakES FL	City & State Miami C	akes.FC	4: FEI Number 65-0915057	Applied For Not Applicable
FL 33016 Country USA	Zip 33016	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Regist	ered Agent
HERRERA, CARLOS JR 15165 NW 77TH AVE STE 2002		147 00		
MIAMI FL 33014		# 300	i Lakes 1	FL 3396
8. The above named entity submits this statem the obligations of registered agent. SIGNATURE X Signature, type of printed name of registered.	H	s registered office or register	Ź	I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departme	0.00 ent of State	•	9. Election Campaign Financir Trust Fund Contribution.	☐ Added to Fees
TITLE PHERRERA, CARLOS JR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33014	AND DIRECTORS Delete 2002		ADDITIONS/CHANGES TO OFFICER 105 HUVELLA VI 400 NW 17 COUL 1 AM: LAKES FIL	SAND DIRECTORS IN 11 Change Addition Addition 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-	man and a superior an	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	·	☐ Change ☐ Addition

CITY-ST-ZIP

12. Thereby 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 impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR