

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90312 035 \*\*\*150.00

**DOCUMENT # P99000036374**

1. Entity Name  
**ATREX PAL, INC.**



Principal Place of Business

**PO BOX 4206  
KEY WEST, FL 33041**

Mailing Address

**PO BOX 4206  
KEY WEST, FL 33041**

**DO NOT WRITE IN THIS SPACE**



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0915822**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALOVCIK, PETER  
106 OLIVIA ST.  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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: Peter Palovcik

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **PALOVCIK, PETER**  
STREET ADDRESS: **106 OLIVIA ST.**  
CITY-ST-ZIP: **KEY WEST, FL 33040**

TITLE  
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter Palovcik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Palovcik

4-26-04

Date

305-296-8269

Daytime Phone #