


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000104670

1. Entity Name
PALM PLAZA OF MIAMI, INC.



Principal Place of Business Mailing Address

**1230 N.W. 7 STREET
 MIAMI, FL** **CAPITAL DEVELOPMENT & INVESTMENT CORP.
 2150 CORAL WAY, 6TH FLOOR
 MIAMI, FL 33145**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0974287 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, GARY V ESQ.
 1230 N.W. 7 STREET
 MIAMI, FL**

DO NOT WRITE IN THIS SPACE

I, 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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARTITEGUI, JAVIER 2150 CORAL WAY, 6TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOVIO, HECTOR 2150 CORAL WAY, 6TH FLOOR MIAMI, FL 33145
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 01/19/06-80073-024 150.00

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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 807, 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: Hector Lovio 1/16/06 305-858-5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #