2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104670

Entity Name: PALM PLAZA OF MIAMI, INC.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1230 N.W. 7 STREET MIAMI, FL			2150 CORAL WAY SUITE 6-A MIAMI, FL 33145	
Current Mailing Address:			New Mailing Address:	
	L WAY,6TH FL	& INVESTMENT CORP. LOOR	2150 CORAL WAY SUITE 6-A MIAMI, FL 33145	
FEI Number: (65-0974287	FEI Number Applied For () FEI Nu	umber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address o	of New Registered Agent:
SMITH, GARY V ESQ. 1230 N.W. 7 STREET MIAMI, FL 33125 US				
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.				
SIGNATURE:				
		Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E LARTITEGUI, JAN 2150 CORAL WA MIAMI, FL 33145	Y,6TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () E LOVIO, HECTOR 2150 CORAL WA MIAMI, FL 33148	Y,6TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () E LARTITEGUI, ANI 2150 CORAL WA MIAMI, FL 33148	Y, 6TH, FL.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () E LARTITEGUI, XA 2150 CORAL WA MIAMI, FL 33148	Y, 6-A	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E LARTITEGUI, LUI 2150 CORAL WA MIAMI, FL 33148	Y, 6-A	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E LARTITEGUI, MA 2150 CORAL WA MIAMI, FL 33148	Y, 6-A	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR LOVIO

VPD

01/30/2009

Electronic Signature of Signing Officer or Director

Date