

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29082

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** THE PALMS SOUTH BEACH, INC.

**Current Principal Place of Business:**

3025 COLLINS AVE  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 65-0245113      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW CENTER OF THE AMERICAS, LLC  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KRAUSE, HANS JOACHIM  
Address: 3025 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DVP  
Name: KRAUSE, URSULA MARIA  
Address: 3025 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP  
Name: JANZON, KATJA  
Address: 3025 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP  
Name: MEYER, NICOLA  
Address: 3025 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S/T  
Name: JANZON, KENT  
Address: 3025 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby 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 all other like empowered.

SIGNATURE: HANS-JOACHIM KRAUSE

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03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date