2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AN
Secretary of State

	ANNUA	L REF	ORT	
DOCUMENT #	S34085			
Entity Name				

Principal Place of Business

SIGNATURE:

Mailing Address

116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 US

LA PALMA RESTORATION CORP.

116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01252005 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0294018

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WILSON, LYNN 116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

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	Signature, typed or printed name of registered agent and title	f applicable. (NOTE Registered	gent signature	s required when rematating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	Noncopor concer		
10.	OFFICERS AND DIREC	CTORS			1 100000199885		
TITLE	P				01/28/05-80003-010 158.75		
NAME	WILSON, LYNN	ł					
STREET ADDRESS	, 116 ALHAMBRA CIRCLE						
CITY-ST-ZIP	CAPE CORAL GABLES, FL 33134						
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12. I neceby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information							
12. I hereby certify that the information supplied with this filling 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 anaddress, with all other like empowered.							

OFFICER OR DIRECTOR