


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90020 036 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # V18063</b>                              |  |
| <b>1. Entity Name</b><br>WHITE PALM REAL ESTATE, INC. |   |

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| <b>Principal Place of Business</b><br>3299 NW 2 AVE<br>200<br>BOCA RATON FL 33431 | <b>Mailing Address</b><br>PO BOX 811135<br>BOCA RATON FL 33481 |
|---|--|

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MOORE CR2E034 (11/03)

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|---|---|
| <b>2. Principal Place of Business</b><br>7999 N. Federal Hwy<br>Suite, Apt. #, etc.<br>#202 | <b>3. Mailing Address</b><br>P.O. Box 811135<br>Suite, Apt. #, etc. |
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|---|---|
| <b>City &amp; State</b><br>Boca Raton, FL | <b>City &amp; State</b><br>Boca Raton, FL |
| <b>Zip</b><br>33487                       | <b>Zip</b><br>33481                       |
| <b>Country</b><br>USA                     | <b>Country</b><br>U.S.A.                  |

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|---|---|
| <b>4. FEI Number</b><br>65-0318730                                  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>RUSTINE, DAVID A<br>3299 NW 2 AVE<br>200<br>BOCA RATON FL 33431 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Rustine, David A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>7999 N. Federal Hwy<br>#202<br>City<br>Boca Raton<br>FL<br>Zip Code<br>33487 |
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| <b>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.</b> |
| <b>SIGNATURE</b><br><i>David A. Rustine</i><br>David A. Rustine, as President  |
| <b>DATE</b><br>4/1/04  |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---------------------------------|---|--|
| <b>TITLE</b><br>PSD                         | <input type="checkbox"/> Delete | <b>TITLE</b><br>PSD                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>RUSTINE, DAVID A             |                                 | <b>NAME</b><br>Rustine, David A.                      |  |
| <b>STREET ADDRESS</b><br>3299 NW 2 AVE #200 |                                 | <b>STREET ADDRESS</b><br>7999 N. Federal Hwy #202     |  |
| <b>CITY-ST-ZIP</b><br>BOCA RATON FL 33431   |                                 | <b>CITY-ST-ZIP</b><br>Boca Raton, FL 33487            |  |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |  |

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| <b>12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.</b> |
| <b>SIGNATURE</b><br><i>David A. Rustine</i><br>David A. Rustine, as President  |
| <b>DATE</b><br>4/1/04  |
| <b>Daytime Phone #</b><br>561-997-8000   |