## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V67251

**FILED** Mar 03, 2009 Secretary of State

Entity Name: TNA PALMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7100 BISCAYNE BLVD 206 MIAMI, FL 33138 **New Mailing Address: Current Mailing Address:** P. O. BOX 381703 MIAMI, FL 33138 US FEI Number: 65-0363291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEONI, TODD 7100 BISCAYNE BLVD SUITE 206 MIAMI, FL 33138 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS (X) Change ( ) Addition LEONI, TODD, Name: Name: LEONI, TODD, 7100 BISCAYNE BLVD #202 7100 BISCAYNE BLVD #202 Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33138 Title: Title: () Change () Addition () Delete

Address:

TODD, LEONI Name:

7100 BISCAYNE BLVD #202 Address:

MIAMI, FL 33138 City-St-Zip:

Name: Address:

City-St-Zip:

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: TODD LEONI **PRES** 03/03/2009