2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # S29082** 1. Entity Name THE PALMS SOUTH BEACH, INC. Principal Place of Business Mailing Address 3025 COLLINS AVE % MILLER & WEBNER P.O. BOX 266947 MIAMI BEACH, FL 33140 WESTON, FL 33326-6947 US CR2E034 (10/03) 02152005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0245113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MILLER, REBECCA M DO NOT WRITE 2442 POINCIANA COURT WESTON, FL 33327 IN THIS SPACE 3. 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 typod or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KRAUSE, HANS JOACHIM NAME 3025 COLLINS AVE STREET ADDRESS U00000292161 04/07/05-80061-003 150.00 CITY-ST-ZIP MIAMI BEACH, FL 33140 TIME KRAUSE, URSULA MARIA NAME 3025 COLLINS AVE STREET ADDRESS CITY - ST- ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 explanated 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, th all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR TED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2005

(954)385-9030

Daylime Phone #