

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90017 035 ***150.00

DOCUMENT # P01000059020
 1. Entity Name
 PALM 67, INC.



Principal Place of Business Mailing Address
 4400 BISCAYNE BLVD., SUITE 950 4400 BISCAYNE BLVD., SUITE 950
 MIAMI, FL 33137 US MIAMI, FL 33137 US

40049540



DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-1122983 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 M & W AGENTS, INC.
 2101 CORPORATE BLVD SUITE 107
 BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, GLENN L 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOERNER, JUDITH A 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, ERNEST M 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: GLENN L. HALPRYN, PRESIDENT 2/25/08 (305) 573-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #