

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29082

Entity Name: THE PALMS SOUTH BEACH, INC.**Current Principal Place of Business:**3025 COLLINS AVE
MIAMI BEACH, FL 33140**Current Mailing Address:**201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US**FEI Number:** 65-0245113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 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**Officer/Director Detail :**

Title	DP
Name	KRAUSE, HANS-JOACHIM
Address	3025 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	DVP
Name	KRAUSE, URSULA MARIA
Address	3025 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	VP
Name	JANZON, KATJA
Address	3025 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	VP
Name	MEYER, NICOLA
Address	3025 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	S/T
Name	JANZON, KENT
Address	3025 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

I hereby 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 all other like empowered.

SIGNATURE: HANS-JOACHIM KRAUSE

PRESIDENT

03/03/2014

Electronic Signature of Signing Officer/Director Detail_____
Date