


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90025 022 ***150.00

DOCUMENT # P05406
 1. Entity Name
PALM MILE CORP.



Principal Place of Business: %PHILIPS INTERNATIONAL, 417 FIFTH AVENUE, NEW YORK NY 10016
 Mailing Address: %PHILIPS INTERNATIONAL, 417 FIFTH AVENUE, NEW YORK NY 10016

54025475



MOORE CR2E034 (11/03)

2. Principal Place of Business: PHILIPS INTERNATIONAL HOLDING CORP., 295 MADISON AVE., 2nd FL., NEW YORK, NEW YORK 10017
 3. Mailing Address: PHILIPS INTERNATIONAL HOLDING CORP., 295 MADISON AVE., 2nd FL., NEW YORK, NEW YORK 10017

4. FEI Number: **58-1609312**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

Zip: Country: Zip: Country:

6. Name and Address of Current Registered Agent
EISENSTADT, DAVID
% PALM SPRINGS MILE ASSOCIATES, LTD.
419 WEST 49TH STREET, SUITE 300
HIALEAH FL 33012

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	LEVINE, SHEILA S	
STREET ADDRESS	332 E. 84TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MYER, SONDR A B	
STREET ADDRESS	361 WASTENA TERRACE	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **SHEILA LEVINE - PRESIDENT** **3/26/04** **212 545 1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #