

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05406

Entity Name: PALM MILE CORP.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

%PHILIPS INTERNATIONAL  
295 MADISON AVE., 2ND FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

C/O PHILIPS INT'L - 295 MADISON AVE  
2ND FLOOR  
NEW YORK, NY 10017

**Current Mailing Address:**

%PHILIPS INTERNATIONAL  
295 MADISON AVE., 2ND FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

C/O PHILIPS INT'L - 295 MADISON AVE  
2ND FLOOR  
NEW YORK, NY 10017

FEI Number: 58-1609312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

Title: PS ( ) Delete  
Name: LEVINE, SHEILA S  
Address: 332 E. 84TH ST.  
City-St-Zip: NEW YORK, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: LEVINE, SHEILA  
Address: C/O PHILIPS INT'L - 295 MADISON AVE - 2 FL  
City-St-Zip: NEW YORK, NY 10017

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: SHEILA LEVINE

PS

04/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date