


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K27572
 1. Entity Name
SOVEREIGN SCIENTIFIC, INC.



Principal Place of Business Mailing Address
5050 BISCAYNE BLVD **16462 NE 34TH AVENUE**
202 **NORTH MIAMI BEACH, FL 33160**
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0058692 Not Applicable

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

6. Name and Address of Current Registered Agent
GARIBOTTO, DANIEL A.
5050 BISCAYNE BLVD
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GARIBOTTO, DANIEL A
STREET ADDRESS	16462 NE 34TH AVE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	VSD
NAME	GARIBOTTO, MARLI ELISA
STREET ADDRESS	16462 NE 34TH AVE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/17/06-80017-001 150.00

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: MARLI GARIBOTTO 3/28/03 305757-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #