

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075115

Entity Name: MYSTIC PALLET, INC.

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

6175 NW 153 STREET  
SUITE 209  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6175 NW 153 STREET  
SUITE 209  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 20-2940010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARCHETTI, CIRO  
15010 FALKIRK PLACE  
MIAMI LAKES, FL 33016      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: MARCHETTI, CIRO  
Address: 15010 FALKIRK PLACE  
City-St-Zip: MIAMI LAKES, FL 33016

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CIRO MARCHETTI

P

04/25/2006

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

\_\_\_\_\_ Date