


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90061 026 \*\*\*150.00

**DOCUMENT # P94000085694**


1. Entity Name  
**PALUMBO PRODUCTIONS INC.**



Principal Place of Business      Mailing Address

**15460 SOUTHWEST 17 STREET**      **15460 SOUTHWEST 17 STREET**  
**MIAMI, FL 33185 US**                      **MIAMI, FL 33185 US**

**DO NOT WRITE IN THIS SPACE**



02132006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0537679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PALUMBO, RAIZA**  
**1112 NW 129 CT**  
**MIAMI, FL 33182**

**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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, RAIZA 15460 SOUTHWEST 17 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, JAVIER 15460 SOUTHWEST 17 STREET MIAMI, FL 33185
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**DO NOT WRITE IN THIS SPACE**

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**       **02-13-2006**      **305 2290402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #