


2006 FOR PROFIT CORPORATION ANNUAL REPORT

W498:4 . 17. 4:36PM
FILED
 Jan 23, 2006 08:00 AM
 Secretary of State

DOCUMENT # P99000056475
 1. Entity Name
PALMTECH FARM INC.



Principal Place of Business
**19000 SW 192 STREET
 MIAMI, FL 33187**

Mailing Address
**19000 SW 192 STREET
 MIAMI, FL 33187**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0929681 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, ESTEBAN
 16451 NW 84 AVE.
 MIAMI, FL 33016**

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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 resigning)

**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**

1000000399385
 02/01/06-20003-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ALBERTO G 30545 BW 193 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSO RODRIGUEZ, ESTEBAN 16451 NW 84 AVE. MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, DANIEL 7680 SW 87 ST MIAMI, FL 33143
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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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 807, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Days From Filing _____