

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


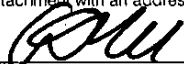
**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90092 028 \*\*\*150.00

**20028597**



01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 185642</b>							
1. Entity Name STOFIN CO., INC.							
Principal Place of Business ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US			Mailing Address ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-0782336			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HERNANDEZ, OSCAR R		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TABERNILLA, ARMANDO A		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RECIO, ALBERTO S		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOMQUIST, ERIK J		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, LUIS J		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	DEV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARSON, DONALD W		NAME				
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
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: 		By: Armando A. Tabernilla, V.P.		Date: 4/7/2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (561) 655-6303			

ATTACHMENT

20028597

ATTACHMENT TO  
2006 ANNUAL REPORT

DOCUMENT # 185642

1. Corporation Name

STOFIN CO., INC.

- CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Ross, Daniel D., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ryan, Allan A., IV One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Tarr, William F., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401