


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000050157 1. Entity Name PALM OIL INC.	
--	---

Principal Place of Business 8405 NW 53 ST STE B222 DORAL, FL 33166	Mailing Address 8405 NW 53 ST STE B222 DORAL, FL 33166
--	--

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1693972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J ESQ 2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134
--

**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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000596680 01/24/07-200006-001 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, GUSTAVO 8405 NW 53 ST STE B222 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANOTAS, DAVID 8405 NW 53 ST STE B222 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, GONZALO 8405 NW 53 ST STE B222 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAREAL, ALFREDO 8405 NW 53 ST STE B222 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LANCHEROS, PEDRO 8405 NW 53 ST STE B222 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
---	------------	-----------------------