## SAGE TOD DRAFIT CARRADATION

## **FILED**

ANNUAL REPORT		Mar 15, 2006 08:00 AM	
DOCUMENT # 535271  1. Entity Name PALMETTO STANDARD, INC.	-		Secretary of State
Principal Place of Business         Mailing Address           3701 NW 167 ST.         3701 NW 167 ST.           OPA LOCKA, FL 33056-4120         OPA LOCKA, FL 33056-4120			
DO NOT WRITE IN THIS SPACE		03102006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied F 59-1735908 Not Applied F Not Applied F Required  5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SOSA, SABINO O 3701 NW 167 ST.  OPA LOCKA, FL 33054			DO NOT WRITE IN THIS SPACE
B. 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 in the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE:			
File NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	noing \$	<b>5.00</b> May Be U00000468414 dded to Fees03, 24/06-80030-023 150.88
TO. GFFICERS AND DIRE  TOTLE  MAME SOSA, SABINO O. STREET ADDRESS CITY-ST-OP  MIAMI, FL  TITLE  NAME STREET ADDRESS CITY-ST-OP			DO NOT WRITE IN THIS SPACE
NAME SHRET AUDRESS GITY-ST-ZIP			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or 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 Bir changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIF