
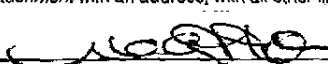


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K27572			
1. Entity Name SOVEREIGN SCIENTIFIC, INC.			
Principal Place of Business 5050 BISCAYNE BLVD 202 MIAMI, FL 33137		Mailing Address 16462 NE 34TH AVENUE NORTH MIAMI BEACH, FL 33160	
DO NOT WRITE IN THIS SPACE			
		01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0058692	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 GARIBOTTO, DANIEL A. 5050 BISCAYNE BLVD MIAMI, FL 33137		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 reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	GARIBOTTO, DANIEL A		
STREET ADDRESS	16462 NE 34TH AVE		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		
TITLE	VSD		
NAME	GARIBOTTO, MARLI ELISA		
STREET ADDRESS	16462 NE 34TH AVE		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		MARLI GARIBOTTO	
		3/28/03 305757.8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	