

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90078 047 \*\*\*150.00

**DOCUMENT # L18591**  
 1. Entity Name  
**PALMARIGUANI ENTERPRISES CORP.**



Principal Place of Business 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131 US	Mailing Address 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131 US
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**50028003**



03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0298409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SAEZ, PEDRO P  
 888 BRICKELL AVENUE  
 5TH FLOOR  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date it applies to. NOTE: Registered agent signature required when transferring.

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAEZ, PEDRO P. 888 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUMAREJO, BEATRIZ 888 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUMAREJO, JAIME 888 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PUMAREJO, ALBERTO M. 888 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and all 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 typed or printed name of signing officer or director