2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # P00000019779 1. Entity Name PALM BEACH PACIFIC, INC. Principal Place of Business Mailing Address 1275 NE 120TH STREET OKEECHOBEE, FL 34972 1275 NE 120TH STREET OKEECHOBEE, FL 34972 01072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For ♣ FFI Number 65-0988069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERO, ARMANDO W DO NOT WRITE 1275 NE 120TH STREET OKEECHOBEE, FL 34972 IN THIS SPACE 3. 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. Frmando Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RIVERO, ARAMANDO W NAME STREET ADDRESS 1275 NE 120TH STREET CITY-ST-ZIP OKEECHOBEE, FL 34972 THE Rivero, Mairim G RIVERO, MARIRIM G NAME **1275 NE 120TH STREET** STREET ADDRESS OKEECHOBEE, FL 34972 CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06 1

561) 719-0036

FILED