


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90203 036 \*\*\*158.75

**DOCUMENT # P00000019779**

1. Entity Name  
**PALM BEACH PACIFIC, INC.**



Principal Place of Business      Mailing Address  
**1275 NE 120TH STREET**      **1275 NE 120TH STREET**  
**OKEECHOBEE, FL 34972**      **OKEECHOBEE, FL 34972**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01092007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0988069**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RIVERO, ARMANDO W**  
**1275 NE 120TH STREET**  
**OKEECHOBEE, FL 34972**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERO, ARMANDO W	
STREET ADDRESS	1275 NE 120TH STREET	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RIVERO, MARIRIM G	
STREET ADDRESS	1275 NE 120TH STREET	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivero, Armando W.	
STREET ADDRESS	1275 NE 120TH STREET	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE	VP/TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivero, Mairim G.	
STREET ADDRESS	1275 N.E. 120TH STREET	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mairim G. Rivero*      Mairim G. Rivero      1/10/07      (561) 719-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #