


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000024009**  
 1. Entity Name  
**PALMER PARTNERS, INC.**



Principal Place of Business <b>8053 SW 186TH STREET          MIAMI, FL 33157</b>	Mailing Address <b>8053 SW 186TH STREET          MIAMI, FL 33157</b>
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1088585</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**PALMER, MARGARITA  
 8053 SW 186TH STREET  
 MIAMI, FL 33157**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 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	D PALMER, MARGARITA 8053 SW 186TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, ROBERT 8053 SW 186TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, GUSTAVO R 8053 SW 186TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, JUAN C 8053 SW 186TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, JORGE E 8053 SW 186TH STREET MIAMI, FL 33157
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 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:** Margarita Palmer - Margarita Palmer 4/7/08 305-278-9751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #