

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 021 ***150.00

DOCUMENT # P02000128647 1. Entity Name PALLARES INTERNATIONAL INC			
Principal Place of Business 532 CANOE POINT DELRAY BEACH DELRAY BEACH, FL 33444 US		Mailing Address 532 CANOE POINT DELRAY BEACH DELRAY BEACH, FL 33444 US	
2. Principal Place of Business 100 E LINCOLN BLVD Suite, Apt. #, etc. 147A		3. Mailing Address Suite, Apt. #, etc.	
City & State DELRAY BEACH FL		City & State	
Zip 33483	Country U.S.A	Zip	Country
4. FEI Number 74-3082019		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 RAMIREZ, CARLOS H SR. 532 CANOE POINT DELRAY BEACH DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name RAMIREZ CARLOS H P. Street Address (P.O. Box Number is Not Acceptable) 532 CANOE POINT City DELRAY BEACH FL Zip Code 33444	
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 _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. RAMIREZ, CARLOS H MGR 532 CANOE POINT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ CARLOS H 532 CANOE POINT DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ NARAYAN D 3858 WEST SAND PIPER DR BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ CARLOS H JR. 532 CANOE POINT DELRAY BEACH FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		02-11-2006 561-243-4688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	