
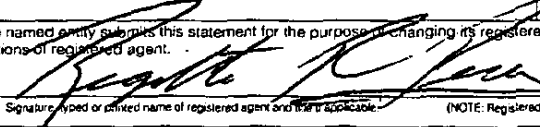
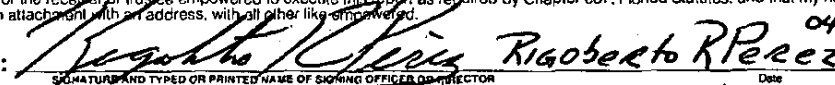


**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000071440 1. Entity Name PALATINO MANAGEMENT & INVESTMENT, INC.		
Principal Place of Business 10261 SW 72 STREET SUITE 104 MIAMI, FL 33173		Mailing Address 10261 SW 72 STREET SUITE 104 MIAMI, FL 33173
2. Principal Place of Business 15520 SW 57 TER. Suite, Apt. #, etc.		3. Mailing Address 15520 SW 57 TER. Suite, Apt. #, etc.
City & State Miami Fla.		City & State Miami Fla.
Zip 33193	Country Dade	Zip 33193
4. FEI Number 42-1597429		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 PEREZ, RIGOBERTO R. 3731 SW 139 CT. MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Perez, Rigoberto, R. Street Address (P.O. Box Number is Not Acceptable) 15520 S.W. 57 TER. City Miami FL Zip Code 33193
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:  04-26-04 <small>Signature typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P PEREZ, RIGOBERTO R 3731 SW 139 CT. MIAMI, FL 33175	P Rigoberto R. Perez 15520 S.W. 57 TER. MIAMI FLA 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, RIGOBERTO I 3731 SW 137 CT. MIAMI, FL 33175	VP I RAIDA DE LA ROSA PEREZ 15520 SW 57 TER. MIAMI FLA 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  04-26-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAVOME PHONE #</small>		305-962-3061

66422968



03242004 Chg-P CR2E034 (10/03)