

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90064 028 \*\*\*150.00

<b>DOCUMENT # P05000118886</b> 1. Entity Name <b>PALACIO-RUBIO INTERNATIONAL GROUP, INC.</b>			
Principal Place of Business <b>421 NE 1ST STREET SUITE 105 HALLANDALE BEACH, FL 33009</b>		Mailing Address <b>421 NE 1ST STREET SUITE 105 HALLANDALE BEACH, FL 33009</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>4391 DOGWOOD circle</b>		3. Mailing Address Suite, Apt. #, etc. <b>4391 DOGWOOD circle</b>	
City & State <b>WESTON, FL.</b>		City & State <b>WESTON, FL.</b>	
Zip <b>33331</b>		Zip <b>33331</b>	
Country 		Country 	
<b>6. Name and Address of Current Registered Agent</b>  <b>SILVA, FERNANDO 16300 NE 19 AVE SUITE C NORTH MIAMI BEACH, FL 33162</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>PALACIO, FREDDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4391 DOGWOOD circle</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33331</b>	
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 <i>[Signature]</i> DATE <b>3/2/06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD PALACIO, FREDDY 421 NE 1ST STREET SUITE 105 HALLANDALE BEACH, FL 33009</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4391 DOGWOOD circle WESTON, FL. 33331</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD RUBIO, ADRIANA 421 NE 1ST STREET SUITE 105 HALLANDALE BEACH, FL 33009</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4391 DOGWOOD circle WESTON, FL 33331</b>	<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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/2/06.</b> Daytime Phone #	