

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082138

Entity Name: PALMAREJO CORP.

FILED  
Jul 13, 2006  
Secretary of State

## Current Principal Place of Business:

420 ISLAND DR.  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

420 ISLAND DR.  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 65-0950305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIEDRA, AURELIO  
780 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: RINCON, JULIETA E  
Address: 420 ISLAND DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: RINCON, VALERIO F  
Address: 420 ISLAND DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: RINCON DE ZYBERMAN, ALBA  
Address: 420 ISLAND DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIETA E RINCON

P

07/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date