## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000082138

Entity Name: PALMAREJO CORP

Address:

City-St-Zip:

2101 BRICKELL AVE APT 1507

KEY BISCAYNE, FL 33149

FILED Jun 25, 2009 Secretary of State

Entity Nan	ne: PALMARI	EJO CORP.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2101 BRIC 1507 MIAMI, FL	KELL AVENUI 33129	≣			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2101 BRICKELL AVENUE 1507 MIAMI, FL 33129					
FEI Number:	65-0950305	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
VAROAS,PIEDRA&COMPANY 9100 SOUTH DADELAND BLVD SUITE 912 MIAMI, FL 33156 US					
The above in the State	named entity s of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: AURELIO A PIEDRA				06/25/2009	
	Electron	ic Signature of Registered Agen	t	Date	
		3(2)(b), F.S., the corporation did not growth Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RINCON, JULIÉ	L AVENUE APT 1507	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RINCON, VALE	L AVE APT 1507	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	, ,	Delete BERMAN, ALBA	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JULIETA E RINCON PTD 06/25/2009