

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # H59479

1. Entity Name
PALMAS, INC.



Principal Place of Business
MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA, FL 32830

Mailing Address
MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA, FL 32830

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2615010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBLER, RICHARD D.
MEXICAN PAVILION-EPCOT CENTER
LAKE BUENA VISTA, FL 32830

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBLER, RICHARD D. MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VILLEGAS, MANUEL Y. MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEBLER, PATRICIA MEXICAN PAVILION EPCOT LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMBA, ALBERTO #50 (C/O DIEGO RIVERA) 01060 MEXICO, D.F.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALVET, CESAR 1367 CAMPBELL STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CALVET, OLGA M 1367 CAMPBELL ST ORLANDO, FL

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

(407) 842-1100

Daytime Phone #